

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000059928

1. Corporation Name

LAINEY HOLLAND, P.A.

Principal Place of Business

21301 POWERLINE ROAD STE 106
BOCA RATON FL 33433

Mailing Address

21301 POWERLINE ROAD STE 106
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2001

5. FEI Number

65-112849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

PSTD

HOLLAND, ELAINE

21301 POWERLINE ROAD STE 106

BOCA RATON FL 33433

8. Name and Address of Current Registered Agent

HOLLAND, ELAINE

21301 POWERLINE ROAD STE 106
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Elaine Holland
REGISTERED AGENT MUST SIGN

Date

12/3/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Elaine Holland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/3/02 561-852-3069

CR2E040 (8/02)



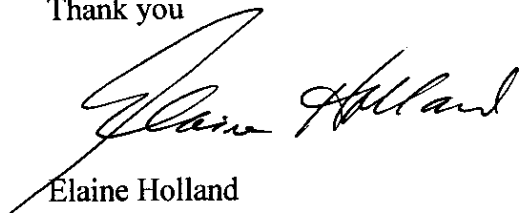
To Whom It May Concern: Lainey Holland P.A. P01000059928

I am enclosing the form for the reinstatement of my corporation. I did not receive a form previously that I knew about. My accountant sent me all kinds of forms and I sent them back as per his instruction. I don't remember getting any forms such as this one. This is my first year being incorporated and I would have certainly taken care of it if I had seen it.

The assistant who took care of a lot of this left a few months ago. Perhaps she was aware of this form, but as far as I know I never received this form.

I would appreciate it if you would waive the penalty.

Thank you


Elaine Holland
Lainey Holland P.A.
President.

Lainey Holland, PA, Broker Associate

RE/MAX Select Boca, Inc.

21301 Powerline Road, Suite 106 • Boca Raton, Florida 33433
Direct: (561) 852-3069 • Toll Free: (800) 852-3069 • Fax: (561) 362-0774
Website: www.laineyholland.com • E-Mail: hhollandhouse@cs.com

