

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JUN 16 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000105076

1. Corporation Name

HOLLIS ENGINEERING SERVICES, INC.

Principal Place of Business

407 JOEL BLVD  
LEHIGH ACRES FL 33972

Mailing Address

407 JOEL BLVD  
LEHIGH ACRES FL 33972

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
LaBelle

Zip  
FL

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State  
LaBelle FL

Zip  
33975

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/2001

5. FEI Number

01-0566730

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	HOLLIS, ELIZABETH A	407 JOEL BLVD PO Box 3024	LEHIGH ACRES FL 33972 LaBelle FL 33975
STD	HOLLIS, JAMES L	407 JOEL BLVD P.O. Box 3024	LEHIGH ACRES FL 33972 LaBelle FL 33975

500019324955  
05/19/03--01084--004 \*\*900.00

8. Name and Address of Current Registered Agent

GRACE, WALTER JR  
1467 SANDRA DR  
FT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

Elizabeth A. Hollis

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

PO Box 3024 4310 Balloway  
Ave. S.W.

Suite, Apt. #, Etc.

City

LaBelle

State

FL

Zip Code

33975

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

Elizabeth A. Hollis

REGISTERED AGENT MUST SIGN

Date 5-12-03

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:

Elizabeth A. Hollis

5-12-03

Date

Daytime Phone #