

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # **P02000072891**

1. Corporation Name

HOLMBERG ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**15018 EAGLERISE DRIVE
LITHIA FL 33547**

**15018 EAGLERISE DRIVE
LITHIA FL 33547**



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

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

07/03/2002

5. FEI Number

32-0024581

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
President	Tammy J. HOLMBERG	15018 EAGLERISE DRIVE LITHIA, FL 33547	LITHIA, FL 33547

600039251656
07/16/04--01042--006 **750.00

600039251656
09/17/04--01081--004 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**HOLMBERG, TAMMY J
15018 EAGLERISE DRIVE
LITHIA FL 33547**

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

Tammy J. Holmberg

REGISTERED AGENT MUST SIGN

Date

6/13/04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/04

Date

Daytime Phone #

CR2E040 (7/03)