PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED

97 NOV 17 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071531**

1. Corporation Name

HOLLAND FINANCIAL, INC.

Principal Place of Business	Mailing Address
2435 MCCORMICK DRIVE #101 CLEARWATER FL 34619	2435 MCCORMICK DRIVE #101 CLEARWATER FL 34619

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable
2635 McCormick Dr
Suite, Apt. #, etc.
Suite 101
City & State
Clearwater FL 33759
Zip 33759 Country ~~Florida USA~~

3. New Mailing Office Address, If Applicable
2635 McCormick Dr
Suite, Apt. #, etc.
Suite 101
City & State
Clearwater FL
Zip 33759 Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/26/1994

5. FEI Number: 59-3271639 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HOLLAND, STEVEN L	~~3176 JODI LANE~~	PALM HARBOR FL 34684
		~~2435~~ 2635 McCormick Dr Suite 101	CLEARWATER FL 33759

300002952138--6
-11/19/97--01089--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

HOLLAND, STEVEN L
3176 JODI LANE
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
2635 McCormick Dr

Suite, Apt. #, Etc.
Suite 101

City: Clearwater FL | State: FL | Zip Code: 33759

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.

Signature of Registered Agent: X

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 — Date — Daytime Phone #

CR2E040 (8/97)