

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 FEB 19 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000045393

1. Corporation Name

HOLLY HEIGHTS DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

1348 BAYVIEW DRIVE  
FORT LAUDERDALE FL 33304

P.O. BOX 4741  
FT. LAUDERDALE FL 33338

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

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0771060  
APPLIED FOR

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PSTD	MURPHY, CHARLES E	1348 BAYVIEW DRIVE	FORT LAUDERDALE FL 33304

100002436731--9  
-02/20/98--01098--007  
\*\*\*\*\*315.00 \*\*\*\*\*315.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MURPHY, CHARLES  
1347 BAYVIEW DRIVE  
FT. LAUDERDALE FL 33304

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Charles Murphy*

REGISTERED AGENT MUST SIGN

Date

11/1/97

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

*Charles Murphy*

Date

Daytime Phone #

11/1/97 954-561-1836

CR20040 (8/97)

11/1/97 2

R.E. Reinstatement

To Whom It May Concern:

As per our phone conversation this will serve to state that I did not receive my corporations renewal forms at my P.O. Box for 1997.

The Postal explanation was that I did not add the corporations names to my P.O. Box, however at this time that has been corrected. However this went unknown until I received the dissolution, revocation notice, which was sent to my home address i.e. 1346 Bayou Dr. At which time I called your department and was told to send them in with this explanation as I am doing so.

Sincerely  
Charles Murphy

Please confirm my status.