

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
OCT 18 1999  
CLERK OF STATE  
OF CORPORATIONS

99 OCT 25 PM 4:22

DOCUMENT # **P95000056771**

1. Corporation Name

**O'HARA'S HOLLYWOOD, INC.**

Principal Place of Business

Mailing Address

1903 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020  
US

1903 HOLLYWOOD BLVD  
HOLLYWOOD FL 33020  
US

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

07/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0600140

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	RYAN, KATHERINE	2740 NE 20TH ST	FT LAUDERDALE FL 33308

400003033124--9  
-11/02/99--01101--001  
\*\*\*\*150.00 \*\*\*\*150.00

*[Signature]*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RYAN, KATHERINE  
~~2740 NE 20TH ST~~  
~~FT LAUDERDALE FL 33308~~

*New Address*

Name  
**Ryan, KATHERINE (SAME)**  
Street Address (P.O. Box Number is Not Acceptable)  
**1903 Hollywood Blvd.**  
Suite, Apt. #, Etc.

City  
**Hollywood**

State  
**FL**

Zip Code  
**33020**

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

*[Signature: Katherine Ryan]*  
REGISTERED AGENT MUST SIGN

Date **10/20/99**

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: Katherine Ryan]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/20/99** **954 925 7555**  
Date Daytime Phone #