

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra E. Notarianni
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000060002**

1. Corporation Name

RENTERS CONNECTION OF HOLLYWOOD, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
2455 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 101

City & State

Hollywood, Fl.
Zip **33020** Country **USA**

3. New Mailing Office Address, If Applicable
2455 Hollywood Blvd.

Suite, Apt. #, etc.
Suite 101

City & State

Hollywood, Fl.
Zip **33020** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

7-16-96

5. FEI Number
65-0684507

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Mark Sclar	2455 Hollywood Blvd. #101	Hollywood, Fl. 33020

500002384425--6
-12/29/97--01071--010
******165.00 ****165.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Mark Sclar

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

2455 Hollywood Blvd.

Suite, Apt. #, Etc.
Suite 101

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

REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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 #

(800) 5387368

RENTERS CONNECTION OF HOLLYWOOD INC.

Cory Mark Sclar
Broker

1940 HARRISON STREET
Suite 204C.E
HOLLYWOOD, FL 33020
305-992-7253

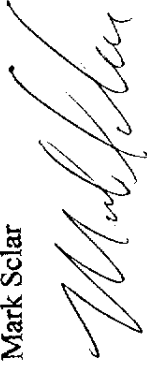
Telephone 305-992-7253
Fax 954-927-7364

Florida Department of State
Division of Corporations

To whom it may concern:

I have never received any renewal form with respect to Renters Connection of Hollywood, Inc. therefore I was unaware that such forms had to be filed. This corporation was organized July 7/16/97 and this was the first year that this form was required. I only became aware that my company was dissolved after attempting to lease an office from Sam Cohen of the Sterling Building who inquired to the status of my corporation. I am enclosing \$165.00 with my application for reinstatement.

Mark Sclar



2