PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED P98000008883 DOCUMENT # 00 FEB -2 PH 1:58 1. Corporation Name HOLLTERS LOAN BUSINESS, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1151 S.W. 30TH STREET 1151 S.W. 30TH STREET SUITE D SUITE D PALM CITY FL 34990 PALM CITY FL 34990 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 01/27/1998 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Fee required Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 1 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) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director D HOLLINGER, WILLIAM A 2392 S.W. LONGWOOD DRIVE PALM CITY FL 34990 D HOLLINGER, LOIS A 2392 S.W. LONGWOOD DRIVE PALM CITY FL 34990 **90**0003129859-02/03/00 - 01096 - 009 ****308.75 ****308.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HOLLINGER, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 1151 S.W. 30TH STREET SUITE D Suite, Apt. #, Etc. PALM CITY FL 34990 State | Zip Code City ion, am familiar with and accept the obligations of Section 607.0505, F 10. I, being appointed the registered age t of the abo ۰ Signature of Registered Agent SIGN 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 filling 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 of this form on out qualify for an exemption under section 119.07(3)(i), F.S. The information indicated egal effect as if made under oath. on this application is true and accurate, and my signature shall have the same 561-287-9689 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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