

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 20 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000069986**

1. Corporation Name

HOLLYHOC DEVELOPMENT CORPORATION

Principal Place of Business

**3770 MIL-STREAM CT
GREEN ACRES FL 33463**

Mailing Address

**P.O. BOX 6296
LAKE WORTH FL 33463**



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

08/06/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0856423

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
PSTD	CAPPIELLO CAPPIELLA, ROBERT	3723 S MILITARY TRAIL	GREENACRES FL 33463

500009615035
12/20/02--01033--012 **200.00

12/24

500009615035
12/20/02--01033--011 **550.00

8. Name and Address of Current Registered Agent

**TAPLIN, NORMAN E ESQ.
515 NORTH FLAGLER STREET
SUITE 1600
WEST PALM BEACH FL 33401**

9. Name and Address of New Registered Agent

Name

RICHARD K. BARRA

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

4400 PGA BLVD., SUITE 800

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33410

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

12/17/02

REGISTERED AGENT MUST 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-15-02 561-966-8488

Daytime Phone #

CR2040 (8/02)