

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P99000097003

1. Corporation Name

THE HOLDINGS GROUP, INC.

00 OCT 20 PM 5:25

Principal Place of Business

Mailing Address

3940 BENNETT LN
BONITA SPRINGHS FL 34134

3940 BENNETT LN
BONITA SPRINGHS FL 34134



REINSTATEMENT

00

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

11/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3615611

Not Applicable

Zip

Country

Zip

Country

34135

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
D	MARCHETTI, MICHAEL	3940 BENNETT LN	BONITA SPRINGHS FL 34134
D	MARCHETTI, JULIA	3940 BENNETT LN	BONITA SPRINGHS FL 34134
			400003458134-4
			11/09/00-01019-025
			****750.00 ****750.00

Names misspelled
should have
2 "t's"
"Marchetti"
like below

8. Name and Address of Current Registered Agent

MARCHETTI, JULIA R
3940 BENNETT LN
BONITA SPRINGHS FL 34134

9. Name and Address of New Registered Agent

Name JULIA R. Marchetti
Street Address (P.O. Box Number is Not Acceptable)
24331 Production Circle
Suite, Apt. #, Etc.

City Bonita Springs

State FL

Zip Code 34135

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]

Date

10/14/00

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIA R Marchetti

Date

10/15/00

Daytime Phone #

AD

941-4985092