

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G09846**

1. Corporation Name

HOLIDAY FOODS, INC.

Principal Place of Business

2050 MCKINLEY ST
HOLLYWOOD FL 33020

Mailing Address

2050 MCKINLEY ST
HOLLYWOOD FL 33020

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/1982

5. FEI Number

59-2237250

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 3	City / State / Zip 4
PD	ZECCHINO, EMILIA	2050 MCKINLEY ST	HOLLYWOOD FL
VP	ZECCHINO, LINDA	2050 MCKINLEY ST	HOLLYWOOD FL 33020

300025757663
12/24/03--01052--001 **150.00

8. Name and Address of Current Registered Agent

ZECCHINO, EMILY
2050 MCKINLEY ST
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Emilia Zecchino
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **12-22-03**

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.

954-921-7786

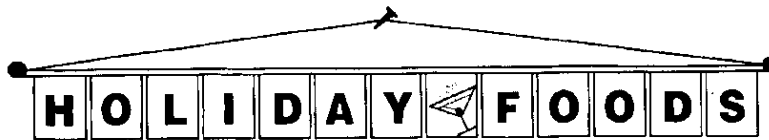
SIGNATURE:

SIGNATURE REQUIRED
Emilia Zecchino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



ELEGANT CANAPES & HORS D'OEUVRES

2050 McKinley Street, Hollywood, Florida 33020

Telephone: (954) 921-7786 • Fax: (954) 921-5425

www.holidayfoods.com

December 22, 2003

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

Re: Application for Reinstatement

To Whom It May Concern:

Please process the attached application for reinstatement. Enclosed find a check for \$150 (Annual Report Fee -\$61.25 + Corporate Supplemental Fee \$88.75). Holiday Foods, Inc. did not receive the two prior uniform business report notices. Please waive the reinstatement fee.

Thank you for your help and consideration.

Sincerely,

Emily Zecchino
President
Holiday Foods, Inc.