PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAR 22 PM 4:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F34466

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1. Corporation Name
Holiday RV Rental/Leasing, Inc.

2. Principal Office Address		3. Mailing Office Address	
7851 Greenbriar Parkway		7651 Greenbriar Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Orlando, Florida		Orlando, Florida	
Zip	Country	Zip	Country
32819	U.S.	32819	U.S.

4. Date Incorporated or Qualified To Do Business in Florida 5/12/1982

5. FEI Number 59-2091982 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Herb Velsor

Street Address (P.O. Box Number is Not Acceptable)
7651 Greenbriar Parkway

Suite, Apt. #, Etc.

City
Orlando

State FL Zip Code 32819

REINSTATEMENT 2000-01

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Herbert J. Velsor Corporate Controller Date 3/20/01
REGISTERED AGENT MUST SIGN

CR2E061 (5/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO PRES	Michael S. Riley	200 E. Broward Blvd., Suite 920	Ft. Lauderdale, FL 33301
Asst. SEC	William E. Curtis	200 E. Broward Blvd., Suite 920	Ft. Lauderdale, FL 33301

10. 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: _____ 3/20/01 402-363-9211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #