2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F76188

1. Entity Name
HOLIDAY DINETTES, INC.

FILED
06 OCT 13 ... 3:30
SEC...
TALLA...

1000200... REINSTATEMENT 2006

Principal Place of Business	Mailing Address
HOLIDAY DINETTAS INC. 111 VOLLMER AVE. OLDSMAR, FL 34677	HOLIDAY DINETTAS INC. 111 VOLLMER AVE. OLDSMAR, FL 34677
2. Principal Place of Business: 30940 U.S. 19 N.	3. Mailing Address: 30940 U.S. 19 N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL.
Zip: 34684 Country: Pinellas	Zip: 34684 Country: Pinellas

4. FEI Number: 59-2181562 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEWITT, SCOTT 2412 SAND BAY DRIVE HOLIDAY, FL 34691	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] SCOTT HEWITT 10/9/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HEWITT, STEVEN 3385 TARPON WOODS BLVD PALM HARBOR, FL 34685	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HEWITT, SCOTT 2412 SAND BAY DRIVE HOLIDAY, FL 34691	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600080832346 10/13/06--01051--006 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] SCOTT HEWITT 10/9/06 (721) 785-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #