

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

99 NOV -1 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005804**

1. Corporation Name

**HONEYMOON HOLIDAYS & CRUISES INC.**

Principal Place of Business

Mailing Address

2139 UNIVERSITY DRIVE, SUITE 103  
CORAL SPRINGS FL 33071

2139 UNIVERSITY DRIVE, SUITE 103  
CORAL SPRINGS FL 33071

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

11/29/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0613031

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
P	MCCARTHY, KATHLEEN	10630 NW 2ND PLACE	CORAL SPRINGS FL 33071 100003040071-6 -11/09/99--01060--019 ****750.00 ****750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCCARTHY, RICHARD  
10630 NW 2ND PLACE  
CORAL SPRINGS FL 33071

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 807.0505, F.S.

Signature of  
Registered Agent

*D. McCarthy*

REQUIRED

Date 10-27-99

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 807 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 807.0401 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:

Kathleen McCarthy  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-27-99

Date

*[Signature]*

CR2540 (8/99)