

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR 21 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005105**

1. Corporation Name

CAROUSEL HOLIDAYS LIMITED, INC.

2. Principal Office Address

**Parkway 1, Parkway Business Center, 300
Suite, Apt. #, etc. Princess Road**

3. Mailing Office Address

same

City & State

Manchester England

City & State

Zip

M 147 QU

Country

England

Zip

Country

REINSTATEMENT

99.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1996

5. FEI Number

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

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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******900.00 ****900.00**

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

PETER F. SOUZA
ASSISTANT SECRETARY

Date

4/20/00

REGISTERED AGENT MUST SIGN

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
D	David Crossland	Parkway 1, Parkway Business Center, 300 Princess Road	Manchester, England M147QU
D	Giles Salt	Parkway 1, Parkway Business Center, 300 Princess Road	Manchester England M147QU
D	David Burns	Parkway 1, Parkway Business Center, 300 Princess Road	Manchester England M147QU
D	David Wright	Parkway 1, Parkway Business Center, 300 Princess Road	Manchester England M147QU
S	Greg McMahon	Parkway 1, Parkway Business Center, 300 Princess Road	Manchester England M147QU

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:

David Burns, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (9/99)