

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000005705**

01 OCT 25 AM 11:33

1. Corporation Name

CAROUSEL HOLIDAYS LIMITED, INC.

Principal Place of Business

Mailing Address

**PARKWAY 1, PARKWAY BUSINESS CENTER
300 PRINCESS RD
MANCHESTER ENGLAND M 147 QU
OC**

**PARKWAY 1, PARKWAY BUSINESS CENTER
300 PRINCESS RD
MANCHESTER ENGLAND M 147 QU
OC**



REINSTATEMENT

01

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

11/01/1996 **SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	GROSSLAND, DAVID	PKWY.1, PKWY BUSINESS CENTER, 30	MANCHESTER ENGLAND M 147 QU
D	DAVID JARDINE	PKWY.1, PKWY BUSINESS CENTRE	300 PRINCESS ROAD MANCHESTER
D	SALT, GILES	PKWY.1, PKWY BUSINESS CENTER, 30	MANCHESTER ENGLAND M 147 QU
D	MCMAHON, GREG	PKWY.1, PKWY BUSINESS CENTRE	300 PRINCESS ROAD, MANCHESTER
D	BURNS, DAVID	PKWY.1, PKWY BUSINESS CENTER, 30	MANCHESTER ENGLAND M 147 QU
D	WRIGHT, DAVID	PKWY.1, PKWY BUSINESS CENTER, 30	MANCHESTER ENGLAND M 147 QU
S	MCMAHON, GREG	PKWY.1, PKWY BUSINESS CENTER, 30	MANCHESTER ENGLAND M 147 QU

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

Name **John S. Fletcher**
Morgan, Lewis & Bockius, LLP
Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd.
Suite, Apt. #, Etc.
5300 First Union Financial Center
City **Miami** State **FL** Zip Code **33131-2339**

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.

Signature of
Registered Agent

SIGNATURE REQUIRED
John S. Fletcher
REGISTERED AGENT MUST SIGN

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Date **10.22.01**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #