

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Rg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 8:03

DOCUMENT # **G07396**

1. Corporation Name

Holiday Furniture-Factory
Outlet Corporation

2. Principal Office Address

940 N. Atlantic Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32118

Country

Volusia

3. Mailing Office Address

940 N. Atlantic Avenue

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

Zip

32118

Country

Volusia

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/05/82

5. FEI Number

59-2948274

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

Sam M. Osta

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

940 N. Atlantic Avenue

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

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

REGISTERED AGENT MUST SIGN

Date

4-24-00

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
Pres.	Sam M. Osta	940 N. Atlantic Avenue	Daytona Beach, Florida 32118
			AD

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-24-00

Daytime Phone #

Pg 2

AFFIDAVIT OF TAMMY McCULLOUGHSTATE OF FLORIDA
COUNTY OF VOLUSIA

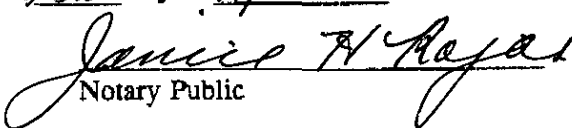
Tammy McCullough, first being duly sworn, states from personal knowledge:

I am the President and Incorporator of Holiday Furniture Factory Outlet, Inc. ("Holiday"), headquartered in Port Orange, Florida. Holiday's Document No. is P99000092885. On about April 25, 2000, I intend to file Articles of Dissolution to dissolve Holiday. A copy of the Articles of Dissolution is attached as exhibit "A." I have no intention of reinstating Holiday. Hence, I am releasing the name "Holiday Furniture Factory Outlet, Inc." or any derivation thereof, for immediate use by another corporation.

FURTHER AFFIANT SAYETH NOT.


Tammy McCullough

The foregoing instrument was acknowledged before me by Tammy McCullough, who acknowledged that she signed this document for the purposes therein expressed, and who is (select one) personally known to me or ☒ produced the following identification:

Florida Driver LicenseSworn to and subscribed before me this 25th day of April 2000.
Notary Public

Janice H. Rojas
MY COMMISSION # CC564881 EXPIRES
August 27, 2000
BONDED THRU TROY FAIR INSURANCE, INC.