

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 30 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 402000018639

1. Limited Liability Company's Name

HOLIDAY REALTY GROUP, L.L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

4314 Harbor Watch Lane

Suite, Apt. #, etc.

3. Mailing Office Address

31940 US Hwy 19 North

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Palm Harbor, Florida

Zip

33558

Country

USA

Zip

34684

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/23/2002

6. FEI Number

20-1859242

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Daniel F. Johnson

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

31940 US Hwy 19 North

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34684

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/24/07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Brooke DiFante	4314 Harbor Watch Lane	Lutz, FL 33558

REINSTATEMENT

05-07

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10/30/07--01057--003 **150.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date 10-19-07

Daytime Phone #

(813)240-0807

Typed or printed name of signing Managing Member/Manager

Brooke DiFante