

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAY 30 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L04000066896

1. Limited Liability Company's Name

The Holliday Companies, LLC

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

106 Admirals Ln

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

3. Mailing Office Address

PO Box 21

Suite, Apt. #, etc.

City & State

Key West, FL

Zip

33041

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

9/10/04

6. FEI Number

20-1623683

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

CT Corporation System

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ 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

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date 5/21/07

REGISTERED AGENT MUST SIGN

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
MGR	Henry C Holliday III	106 Admirals Ln	Key West, FL 33040
			500103918405 06/06/07--01046--020 ***155.00
		DB	
		REINSTATEMENT	
		2005-2007	

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

MH

Date

5/15/07

Daytime Phone #

305 296 4250

Typed or printed name of signing Managing Member/Manager

Henry C. Holliday