

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 AUG 18 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L42907**  
1. Corporation Name  
**HOLIDAY LEASING ASSOCIATES, INC.**

Principal Place of Business Mailing Address  
**3441 IMPERIAL LANE SAME**  
**LAKE LAND, FL 33813**

**REINSTATEMENT 93-92**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <b>ABOVE</b>		3. New Mailing Office Address, If Applicable <b>ABOVE</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>1989 1/9/90</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2988009</b>	
City & State		City & State		Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
<b>PRES. CLYDE J. HOLIDAY III</b>	<b>CLYDE J. HOLIDAY III</b>	<b>3441 IMPERIAL LANE</b>	
<b>TREAS. &amp; SEC.</b>		<b>LAKE LAND, FL 33813</b>	
<b>V.P. C. JANNER HOLIDAY III</b>	<b>C. JANNER HOLIDAY III</b>	<b>1640 CLARENDON AVE.</b>	
		<b>LAKE LAND, FL 33803</b>	
			<b>700002272327--7</b>
			<b>-08/20/97--01069--014</b>
			<b>***1418.75 ***1418.75</b>
			<b>8/18/97</b>

8. Name and Address of Current Registered Agent

**CLYDE J. HOLIDAY III**

9. Name and Address of New Registered Agent

Name  
**CLYDE J. HOLIDAY III**  
Street Address (P.O. Box Number is Not Acceptable)  
**3441 IMPERIAL LANE**  
Suite, Apt. #, Etc.

City  
**LAKE LAND** State  
**FL** Zip Code  
**33813**

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

*Clyde Holiday III*

REGISTERED AGENT MUST SIGN

Date **August 15, 1997**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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

*Clyde Holiday III*

**August 15, 1997** 941-  
687-2940  
Date Daytime Phone #

CP2E040 (12/96)