

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

APPLICATION
FOR
REINSTATEMENT



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

96 DEC 18 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L77691**

1 Corporation Name

HOLIDAY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

7025 SE 110TH ST. ROAD
BELLEVUE FL 33420

7025 SE 110TH ST. ROAD
BELLEVUE FL 33420

6944 SE 135th St.
Summerfield, FL 34491

PO Box 29
Summerfield, FL 34492



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

2. New Principal Office Address, if Applicable
6944 SE 135th St.

3. New Mailing Office Address, if Applicable
PO Box 29

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3056195

Applied For

Not Applicable

City & State

Summerfield, Fla.

City & State

Summerfield, Fla.

Zip

34491

Country

USA

Zip

34492

Country

USA

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	HOLIDAY, LESLIE J., JR.	6944 S.E. 135TH STREET	SUMMERFIELD FL 34491
V	HOLIDAY, DEBBIE A.	6944 S.E. 135TH STREET	SUMMERFIELD FL 34491
VP operator	HARVEY, LARRY J.	14600 SE 56th Ave.	Summerfield, FL 34491 300002037139--0 -12/24/96--0111--003 ****375.00 ****375.00

REINSTATEMENT 1996

A. Alaw

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUSS, GEORGE H.
907 WEBSTER ST.
LEESBURG FL 34748

Name **Willet A. Boyer, III**
Street Address (P.O. Box Number is Not Acceptable)
18 N. W. Third Ave.
Suite, Apt. #, Etc.

City **Ocala**

State **FL** Zip Code **34475**

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 **Willet A. Boyer, III**
REGISTERED AGENT MUST SIGN

Date **11/12/96**

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: **Leslie J. Holiday, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **12/15/96** Daytime Phone # **(352) 347-3979**