PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 15 PM 3:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000055733

REINSTATEMENT
01-03

1. Corporation Name

AMERICAN HOLIDAY INC

2. Principal Office Address	3. Mailing Office Address
5433 OAKMONT VILLAGE	P.O. Box 541256
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: LAKE WORTH FL	City & State: LAKE WORTH FL
Zip: 33463 Country: USA	Zip: 33454-1256 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 6-9-00

5. FEI Number: 65-1017617 ☐ 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: PASCAL GOMBAUT

Street Address (P.O. Box Number is Not Acceptable): 5433 OAKMONT VILLAGE

600008813126
11/05/02--01105--017 **78.75

Suite, Apt. #, Etc.:

City: LAKE WORTH | State: FL | Zip Code: 33463

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: PASCAL GOMBAUT Date: 11/04/02

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
P/D	PASCAL GOMBAUT	5433 OAKMONT VILLAGE	LAKE WORTH FL 33463
			600008813126 01/16/03--01064--011 **150.00
			600008813126 12/05/02 01077 005 **171.25

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: PASCAL GOMBAUT 11/04/02 (561) 7212775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #