


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 OCT 30 PM 4: 37
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P00000064454**
 1. Corporation Name
US HOLIDAYS REALTY, INC.

2. Principal Office Address 1065 N. JOHN YOUNG PKWY Suite, Apt. #, etc.		3. Mailing Office Address 1065 N. JOHN YOUNG PKWY Suite, Apt. #, etc.	
City & State KISSIMMEE FL		City & State KISSIMMEE FL	
Zip 34741	Country USA	Zip 34741	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **6/30/00**

5. FEI Number **59-3677456** 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 **LEO J. LEMOS**

Street Address (P.O. Box Number is Not Acceptable) **1065 N. JOHN YOUNG PKWY**

Suite, Apt. #, Etc.

City **KISSIMMEE** State **FL** Zip Code **34741**

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 ****750.00 ****50.00

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 **Leo J. Lemos** Date **10/9/2001**

REGISTERED AGENT MUST SIGN

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
Dir.	LEO J LEMOS	613 Baywood Ct.	Lk Mary FL 32746
PRES.	WILHEMINA LEMOS	613 Baywood Ct.	Lk Mary FL 32746

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)(f), 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: **Leo J. Lemos** Date **10/9/2001** Daytime Phone # **407-932-1426**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (9/00)