PAGI JZ

PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | יום 0 | SECRETARY OF STATE VISION OF SECRETARY OF STATE VISION OF SECRETARIES | ዘ ር 2 |
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| DOCUMENT # \$01000011773 1. Corporation Name | | | | |
| Holiday Amusements Inc | | | | |
| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address | | | |
| 12106 Okachober Rd. Same Street | | CR2E081 (10/08) | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | 4. Date Incorporated or Qualified | | |
| City & State | City & State | | ness in Florida | |
| Ft. Pierce FL | | 5. FEI Numbe | r | Applied For |
| Zip Cóuntry 34945 US | Zip Country | 6. CERTIFICATE | of status desired 58.75 A | Not Applicable Additional Fee required Certificate of Status |
| 7. Name and Address of Current Registered Agent | | | — tor a | Certificate or Status |
| Name John Van Hull Street Address (P.O. Box Number is Not Acceptable) 1'7106 Okachobee Pd. Suite, Apt. #. Etc. U/A City FL-Pierce FL 34445 | | The 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 reinstatement fee be waived. | | |
| 8. 1. 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 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 |
| Trias. Ves John Vandull Ft. Diexce Ft 34945 Ct Diexce Ft 34945 | | | | |
| Sec. Samuel Vantu | 11 (Same) | | Et Pierco PL | 34945 |
| VP Jacob VonHu | 3/4/29 Pa | 9 03/2 | | 34945 331 **123.75 |
| 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 filling 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 contained in Chapter 119, 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: SIGNATURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date | | | | |

P3902012

Stephen W. Jones, Accountant

Associated with, Walker C.P.A.
Reply To: 235 Sullivan Street, No. 2; New York, NY 10012
212-260-3784

December 1, 2008

Florida Secretary of State
Division of Corporations
ATTN-REINSTATEMENT DEPT.

PO Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Re: Holiday Amusements Inc. - Document No. P01000011773

Attached please find the "Corporate Reinstatement" form for the above referenced corporation, along with a payment for \$ 335.00 (Inclusive of the \$ 35.00 Return Certification fee) that one of the representatives from your department advised us by phone to attach along with this letter.

Our client is in the Traveling Carnival business and as such they are gone for almost the entire year working. Mailings such as the Corporate Annual Report renewals are either lost, not forwarded, and most importantly not received due to the issue of their constant movement from city to city mostly outside of Florida, which is the case in this matter of none receipt. As such, we would greatly appreciate your processing this renewal request and abatement of any additional fees, and ultimately having the Corporation reinstated and confirmation of such.

Thank you for your consideration in this matter and would appreciate your treatment of this matter as one of importance. Should you have any additional questions or problems with this matter we would appreciate you contacting me in order to continue processing this either by phone at 212-260-3784 or e/mail at sinycuws@aol.com in order to avoid correspondence by mail, which will only take longer to process this, and as to the client being difficult to reach due to their traveling work schedule.

Very truly yours,

Stephen W. Jones, Acct.