

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 JAN 27 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **992000013447**

**1. Corporation Name**

FLORIDA HOLIDAYS INTERNATIONAL, INC.

**2. Principal Office Address**

1619 NECTARINE TRAIL

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip

34711

Country

USA

**3. Mailing Office Address**

1619 NECTARINE TRAIL

Suite, Apt. #, etc.

City & State

CLERMONT, FL

Zip

34711

Country

USA

**REINSTATEMENT**

0305

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/17/1992

**5. FEI Number**

59-3166505

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

PETER J FREULER

Street Address (P.O. Box Number is Not Acceptable)

231 NORTH JOHN YOUNG PARKWAY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

100046018691  
02/04/05--01013--021 \*\*100.00

**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

*Peter Freuler*

Date **1/26/05**

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
D	PETER BLUNDELL	11 MARKET HILL	SOUTHAM, WARKS, ENGLAND
D	JAN LYDIARD	11 MARKET HILL	SOUTHAM, WARKS, ENGLAND

**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:

*Peter Freuler*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/05

Date

44-1926817446

Daytime Phone #

CR2E081 (01/05)