

APPLICATION
FOR
REINSTATEMENT



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA3000032153

HOLLIDAY BUS SERVICE, INC.

250 WEST 14TH STREET
ATLANTIC BEACH, FL 32233

250 WEST 14TH STREET
ATLANTIC BEACH, FL
32233

REINSTATEMENT

6. **CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75 Additional Fee required for a Certificate of Status**

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
P, D T, S	PATRICIA A. HOLLIDAY	850 WEST 14 TH STREET	ATLANTIC BEACH, FL 32237
✓			100002107081--7 -03/07/97--01042--009 ****375.00 ****375.00
		L	
			DB 3-5-97

9. Name and Address of New Registered Agent

PATRICIA A. HOLLIDAY
850 WEST 14TH STREET
ATLANTIC BEACH, FL 32233

Name _____

SAME

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code	
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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

Patricia A. Hecceg
REGISTERED AGENT MUST SIGN

Date 3-7-77

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____

3-1-97 904-247-7148

CP2E040 (12/95)