PLEASE READ ALL INSTRUCTIONS BEFORE COM

APPLICATION

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

REINSTATEMENT	Sandra B. M Secretary of DIVISION OF CORE		of State		Nov 04	FILED 04 1996 8:00 am		
DOCUMENT # P940000155 21					Secre	tary of S	State	
Holiday BiAs, Ir	ne. An a	0 0		i				
Principal Place of Business 53.60 W. Irlo	Pronson 1	Imp Address	T le 101					
Kissimmee, fi		ol information and a set						
2. New Principal Office Address, If Applicable	If above addresses are incorrect in any way, line through incorrect information and enter correction to New Principal Office Address, If Applicable 3. New Mailing Address, If Applicable				Date Incorporated or Qualified			
Suite, Apt. #, etc.	e, Apt. #, etc. Suite, Apt. #, etc.			To Do Bus	iness in Florida	3/94		
City & State	City & State			5. FEI Number. Applied For S7-3336791 Not Applied For				
Zip Country	Zip	Country		6.				
			•		E OF STATUS DESIRE	S8.75 Ad- for a Ce	ditional Fee required ertificate of Status	
7 Names and Street Addresses of Each Offic Name of Offic	er and/or Director (I							
1 and/or Directo	1 (Street Address of Eacl Officer and/or Director Use Post Office Box N	į.		City / State / Z	ip		
Pis. Mohammad Naj	Pies. Mohammad Najam		5270 Desmord La					
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				•	00001 -10/18	796011	27003	
					****2	25.00 *	***225.00	
					7 Mar	2		
					114	94		
8. Name and Address of Current Registered Agent				9. Name and A	9. Name and Address of New Registered Agent			
Name Name					of the		2,951	
MOULANNAS NASAN Street Address (P.				O Box Number is	Not Acceptable)		90	
MOHAMMAD NASAM 5260 W. Levo Februson Hury			Suite, Apt. #, Etc.				B	
34746			City State				nde	
20. It being appointed the registered agent of the Signature of Negistered Agent — Molica	e above named corp	oration, am familiar wi	ith and accept the obli	gations of Section	n 607.0505, F.S.		***************************************	
· · · · · · · · · · · · · · · · · · ·	REGISTERED AG	- Totally	form		Date			
 Does this corporation pa Dept. of Revenue under 	ny any intang S. 199.032,	jible tax to th Florida Statı	e utes. Yes	Z No □	(See o	ther side for info on intangible tax	rmation	
12. I do hereby certify that the information suppliesse the Division of Corporations from any lifectfully that I am an officer or director or the ribis reinstatement application the reason for fees owed by the corporation have been painted eath.	eceiver or trustee er	ripowered to execute	this application as no	ouided for in the	ar ochphod is docin	non avambt nom	PUDIIC ACCESS. 1	

Date

Daytime Prione #

page 2062.

DOWNTOWN BUSINESS SERVICES

September 26, 1996

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Re: Holiday Gifts, Inc. Annual Report - 1996

To whom it may concern:

Enclosed herewith is an application for reinstatement, together with a check in the amount of \$225.00 to cover the cost for the filing of the annual report.

We are writing at the request of Holiday Gifts, Inc. and Mohammad Najam, (its officer, director and shareholder) in an effort to abate the additional reinstatement charge of \$150.00. It appears that the annual report form (both first and second notice) was not received and as such, was not filed. Perhaps you have received it back from the US Postal Service and being undelivered.

We respectfully request an abatement of the \$150 penalty and ask that the corporation be reinstated. Please let us know your determination. Thank you for your attention and consideration in this matter.

Sincerely,

David R. Portlock

Accountant

DRP/jh enclosure: 1