PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 13 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000061364**

1 Corporation Name
R&B HOLLIDAY INTERIORS, INC.

Principal Place of Business	Mailing Address
~~2113 SAXON BLVD.~~ DELTONA FL 32725	~~2113 SAXON BLVD.~~ DELTONA FL 32725

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1716 W. NORMANDY BLVD	1716 W. NORMANDY BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DELTONA FL.	DELTONA FL
City & State	City & State
Zip 32725 Country VOLUSIA	Zip 32725 Country VOLUSIA

4. Date Incorporated or Qualified To Do Business in Florida: 08/19/1994

5. FEI Number: 59-3282179 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	JOHNSON, ROY E	~~2113 SAXON BLVD~~ 1716 W. NORMANDY BLVD	DELTONA FL
P	JOHNSON, BARBARA A	~~2113 SAXON BLVD~~ 1716 W. NORMANDY BLVD	DELTONA FL

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****375.00 ****375.00

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8. Name and Address of Current Registered Agent

JOHNSON, BARBARA
2113 SAXON BLVD.
DELTONA FL 32725

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (7/96)

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: Barbara Johnson SIGNED — REGISTERED AGENT MUST SIGN
Date: 9-23-96

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 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: Barbara Johnson SIGNED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 9-23-96
Daytime Phone #: 904-789-8222

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