********	F	PLEA	SE READ	ALL INS	RUCTION	IS BEFORE		TING T	HIS FORM	•		
	RPORATION				DEPARTME Katherine H Secretary of	State	E		00 MAY -1			
DOCUMENT # P95000081864 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Prem	ier Holi	days	Internati	ional, Ir	ic.							
·	al Office Addres		e Parkway	3. Mailing (Office Address						ላለ ሊ	
Suite, Apt. #		<u> </u>	Liaikway	Suite, Apt. #	etc.		4. Date Inc	corporated or			ag-oc	
City & State - Alpha	aretta,	Georg	gia	City & State			5. FEI Nun	nber			Applied For	
Zip 30022	0022 Country USA			Zip	Cou	entry	58-228			75 Addition	al Fee required	
	Name Daniel_DelPiano Street Address (P.O. Box Number is Not Acceptable) SUITE NOT NUMBER IS NOT ACCEPTABLE) SUITE NOT NUMBER IS NOT										<u>데</u> ? ̄	
3. 1, being Signature of Registered	f	registere) OC	M	ration, am familiai	r with and accept the	e obligations of se		5 or 617.0503, F.S			
9. Names	and Street Add	resses o		d/or Director (Flo	·····	porations must list a)				
Titles	Name of Officers and/or Directors					ach ctor	City / State / Zip					
/P/S /	7 Daniel DelPiano				4550 Nor	Parkway	Alpharetta, GA 30022					
			<u> </u>			**** <u>-</u>		—	-	ــــــــــــــــــــــــــــــــــــــ		
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					-				<u></u>			
										S	9	
this rein	nstatement appl by the corporatio	ication, t on have t	the reason for diss been paid and the	olution has beer names of individ	etiminated, the cou uals listed on this	ute this application a proprate name satist form do not qualify f	fies the requirement for an exemption u	nts of section	607.0401 or 617.04	101, F.S., th	at all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

3- 10- 00 Date

Daytime Phone #