

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

1996 NOV 20 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000093699**

1. Corporation Name

HOLIDAY NETWORK INTERNATIONAL, FLA., INC.

Principal Place of Business

Mailing Address

EXECUTIVE CENTER
25400 US 19 N.
CLEARWATER FL 34623

EXECUTIVE CENTER
25400 US 19 N.
CLEARWATER FL 34623

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

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3348269

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

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
DP	MCGEOWN, DANIEL	5001 N. KINGS HWY., #210	MYRTLE BEACH SC 29577

700002013647--2
-11/26/96-01024-027
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GRIECO, DANIEL J
19193 GULF BLVD.
INDIAN SHORES FL 34635

Name
J. MEREDITH WESTER, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
100 NORTH TAMPA STREET, SUITE 2120
Suite, Apt. #, Etc.
City
TAMPA, State
FL Zip Code
33602

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

J. Meredith Wester
REGISTERED AGENT MUST SIGN

Date **10-17-96**

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:

Daniel McGeeown
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAILING ADDRESS

Date

803.497.1122
Daytime Phone