

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris -  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000093699

1. Corporation Name

HOLIDAY NETWORK INTERNATIONAL, FLA., INC.

Principal Place of Business

EXECUTIVE CENTER  
25400 US 19 N. STE 105  
CLEARWATER FL 34623

Mailing Address

EXECUTIVE CENTER  
25400 US 19 N. STE 110  
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/08/1995

5. FEI Number

59-3348269

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 A fee of \$5.75 is 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	MCGEOWN, DANIEL	5001 N. KINGS HWY., #210	MYRTLE BEACH SC 29577
			000003076560--6
			-12/21/99--01055--005
			****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

WESTER, J. MEREDITH ESQ  
401 EAST JACKSON STREET  
SUITE 2700  
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1519 North Dale Mabry Highway  
Suite, Apt. #, Etc.  
Suite 100  
City Lutz State FL Zip Code 33549

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 12-6-99

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/99

Daytime Phone #

727 725 4223