

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000015717

1. Corporation Name
Holiday Motors of Dade, Inc.

Principal Place of Business
15086 Rednock Lane
Miami Lakes, FL 33016

Mailing Address
15086 Rednock Lane
Miami Lakes, FL 33016

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

2. New Principal Office Address, If Applicable
12808 U.S. Hwy. 19, N.

Suite, Apt. #, etc.

City & State
Hudson, Florida

Zip
34667

Country
USA

3. New Mailing Office Address, If Applicable
109 Carlyle Drive

Suite, Apt. #, etc.

City & State
Palm Harbor, Florida

Zip
34683

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/97

5. FEI Number

65-0728040

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ SB 79: 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)

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
PSTD	John V. Maloney	109 Carlyle Drive	Palm Harbor, FL 34683

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8. Name and Address of Current Registered Agent

Kathy K. Maloney
109 Carlyle Drive
Palm Harbor, FL 34683

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

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 *Kathy K. Maloney*
Kathy K. Maloney REGISTERED AGENT MUST SIGN

Date 10/20/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

John V. Maloney
John V. Maloney

President

10/20/99

727- 437-3187

Date

Daytime Phone #

727-437-3187 10/20/99