

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 98-0000

1. Corporation Name

ROLAND'S HOLLIDAY HOUSE INC
P98-0000 14861

2. Principal Office Address

6296 CORPORATE CT

Suite, Apt. #, etc.

A-202

City & State

FORT MYERS FL

Zip

33919

Country

USA

3. Mailing Office Address

P.O. BOX 755

Suite, Apt. #, etc.

FORT MYERS FL

City & State

Zip

33902

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/23/98

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROLAND N. HOLLIDAY

Street Address (P.O. Box Number is Not Acceptable)

5635 DELIDOO CT

Suite, Apt. #, Etc.

Cape Coral FL 33904

City

Cape Coral FL

State

FL

Zip Code

33904

000003368740-1

-08/23/00--01058--005

****300.00 ****300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 8/18/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	NICHOLAS A. HOLLIDAY	5635 DELIDOO CT	Cape Coral FL 33904
VP	GARRETT L. HOLLIDAY	5635 DELIDOO CT	Cape Coral FL 33904
Treas	CYNTHIA S. HOLLIDAY	5635 DELIDOO CT	Cape Coral FL 33904
			TS

10. 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:

[Signature] ROLAND N. HOLLIDAY 8/18/00 941/7071463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

8/18/00

To Secy of State
Division of Corporations
attn: Tyrone.

Dear Sir

I never received a form &
check back to cover the 1999
Fees. Will you please wave any
fees and reinstate the corporation
my check is enclosed for 300.⁰⁰

Thank you Sir.

Regards

R. W. Spelling