

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 21 PM 3:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000095515

**1. Corporation Name**

HOLIDAY MOBILE HOME PARK & RV OF PORT RICHIE, INC.

263 NE 8 STREET

263 NE 8 STREET

**2. Principal Office Address**

263 NE 8 STREET

Suite, Apt. #, etc.

**3. Mailing Office Address**

263 NE 8 STREET

Suite, Apt. #, etc.

City & State

HOMESTEAD, FLORIDA

City & State

HOMESTEAD, FLORIDA

Zip

33030

Country

USA

Zip

33030

Country

USSA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11/12/1998

**5. FEI Number**

59-3544742

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 04**

**7. Name and Address of Current Registered Agent**

Name

PAT DELVECCHIO

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

263 NE 8 STREET

Suite, Apt. #, Etc.

City

HOMESTEAD

State

FL

Zip Code

33030

**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

REGISTERED AGENT MUST SIGN

Date

12-14-04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PD     | DELVECCHIO, PAT                      | 263 NE 8 STREET                                   | HOMESTEAD, FL 33030  |
| STD    | DELVECCHIO FRANK                     | 263 NE 8 STREET                                   | HOMESTEAD, FL 33030  |
| VD     | BEVIS, WILLIS H                      | 9923 NW 6 COURT                                   | PLANTATION, FL 33324 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Patrick DelVecchio 12-14-04 305-246-9500

CR2E081 (01/04)

December 14, 2004

Department of State  
Division of Corporations  
Reinstatement Division  
P.O. Box 6327  
Tallahassee, Fl. 32314

RE: Holiday Mobile Home & RV Park of Port Richie, Inc. #P98000095515

Dear Sir or Madam:

Per our telephone conversation, enclosed please find a Reinstatement form for the above referenced corporation. Also, as we informed you, we never received the 2004 Uniform Business Report from you. Perhaps is because you had the incorrect address, or perhaps the documents were lost in the mail.

In any event, and per your instructions, enclosed is also a check payable to Department of State for the 2004 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you for your assistance.

Sincerely,



Pat Delvecchio, Director