

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

03 SEP 29 PM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000104578

1. Corporation Name

HOLIDREAMS BUSINESS CORP

Principal Place of Business

Mailing Address

7041 GRAND NATIONAL DR # 128 K
ORLANDO, FL 32819

REINSTATEMENT 2003

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

2. New Principal Office Address, If Applicable

7041 GRAND NATIONAL DR
Suite, Apt. #, etc. 128 K

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/98

5. FEI Number

59-3548977

Applied For

Not Applicable

City & State

ORLANDO

City & State

Zip

FL

Country

32819

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	WILSON VIEIRA	421 SATSUMA LANE ORLANDO FL 32835	ORLANDO FL 32835

500023522555
10/03/03--01002--006 **300.00

8. Name and Address of Current Registered Agent

Wilson Vieira
421 Satsuma Lane
Orlando FL 32835

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

REGISTERED AGENT MUST SIGN

Date

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 of 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 #

CR2E040 (1/98)

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Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation **HOLIDREAMS BUSINESS, CORP**

Thank you for your courtesy in this matter.



WILSON VIEIRA
PRESIDENT