

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -5 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000027918

1. Corporation Name

VONNIE HOLLIDAY ENTERPRISES, INC.

REINSTATEMENT 03

Principal Place of Business

Mailing Address

2386 CORY COURT
OCOE FL 34761

2386 CORY COURT
OCOE FL 34761



300025259513

12/05/03--01053--023 **750.00

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

2. New Principal Office Address, If Applicable

1025 Kane Concourse

Suite, Apt. #, etc.

Ste. 207

City & State

Bay Harbor Islands, FL

Zip
33154

Country

USA

3. New Mailing Office Address, If Applicable

1025 Kane Concourse

Suite, Apt. #, etc.

Ste. 207

City & State

Bay Harbor Islands, FL

Zip
33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/22/1999

5. FEI Number

59-3565334

Applied For

Not Applicable

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 3	City / State / Zip 4
PVST	HOLLIDAY, DIMETRY G	2386 CORY COURT 1025 Kane Concourse Suite 207	OCOE FL 34761 Bay Harbor Islands, FL 33154
D	HOLLIDAY, DIMETRY G	2386 CORY COURT 1025 Kane Concourse Suite 207	OCOE FL 34761 Bay Harbor Islands, FL 33154

8. Name and Address of Current Registered Agent

BLAIR, LAURENCE I
2021 TYLER STREET
HOLLYWOOD FL 33020

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-861-0722

Daytime Phone #

CR2E040 (7/03)