

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P99000078377**

1. Corporation Name

**HOLIDAY MANAGEMENT GROUP, INC.**

02 OCT 23 PM 1:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

704 S HWY 17-92  
LONGWOOD FL 32750

Mailing Address

704 S HWY 17-92  
LONGWOOD FL 32750



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

**REINSTATEMENT**

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/01/1999

5. FEI Number

59-3598017

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
VTD	JOHNSON, RICHARD F	<del>501 GOLF TEE LANE #201</del> 683 TUSCORA DRIVE	LONGWOOD FL 32770- WINTER SPRINGS, FL 32708
PSD	BADALUCCA, RICHARD J	1386 YELLOW PINE COURT	WINTER SPRINGS FL 32708

400008553344  
10/23/02--01106--008 \*\*758.75

8. Name and Address of Current Registered Agent

COVE, ANDREW  
3801 HOLLYWOOD BLVD, SUITE 100  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

**RICHARD F. JOHNSON**

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

**683 TUSCORA DRIVE**

Suite, Apt. #, Etc.

City

**WINTER SPRINGS**

State

**FL**

Zip Code

**32708**

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **10/21/02**

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

Date

**10/21/02**

Daytime Phone #

**407-262-0554**

CR2E040 (8/02)