

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000097795

1. Entity Name  
HAPPY HOLIDAY MOTEL TWO, INC.



FILED

08 NOV 10 PM 3:09

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1701 N. ATLANTIC AVE.  
DAYTONA BEACH, FL 32118

Mailing Address  
1701 N. ATLANTIC AVE.  
DAYTONA BEACH, FL 32118

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1105098 (1/07) 08

REINSTATEMENT

4. FEI Number  
59-3584820

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIPERSAUD, VEIRMA M  
1701 N. ATLANTIC AVE.  
DAYTONA BEACH, FL 32118

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME HARRIPERSAUD, VISHNU  
STREET ADDRESS 1701 N. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V  
NAME HARRIPERSAUD, VEIRMA M  
STREET ADDRESS 1701 N. ATLANTIC AVE.  
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Veirma Harripersaud* VEIRMA HARRIPERSAUD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #