PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	A DEPARTMENT OF STATE Secretary of State //ISION OF CORPORATIONS		FINE ETB 14 SEP 18 PM 2: 06 SECRETARY OF STATE PART ANA SSEE, FLORIDA	
DOCUMENT # P 990000 97795		1	BALLLAND SSEE, FLORED	
HAPPY HOCIDAY MOTEL two, inc				
	Office Address			
1701 N-ATLANTIC AVE.	NUE		CR2E081 (11/10)	
			porated or Qualified incess in Florida	
City & State City & State DAYTONA BCh FL	DRIDA	5: FEI Numb	11-4-97	
Country Zip 321	118 VOCUSIA	6.	TEOF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Regis			Total Octamodic of Status	
VISHAU & VEIRMA HARRIPERSAUD Street Address (PO. Box Number is Not Acceptable) 1617 N. A-7 LAMTIC AUE				
Suite, Apt. #, Elc DAYTONEL BCH, F(State Zip Code FL 32118			200264490802 18/1401039001 #1350.00	
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				
Names and Street Addresses of Each Officer and/or Director (FI	<u> </u>	ast 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PRESIDENTI SHALL HARRIPERSAY	d 1617 N. ATlan	tic Aur	Saytona Bch, Fl 301	8
TRESUR VEIRMA HARRIPERSAU			•	
	At a regional law - as prompting	SEP 18	2014	
REINSTATE	MENI	R. HL		
		КП		
10. E-mail Address: DEDI B BUSIMESS CONTIOL SEVUTCES, NET				
(To be used for future annual report notification) 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 907 or 817, 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as 286 if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: **Control of the receiver or trustee empowered to execute this application as provided for in chapter 907 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., and that all fees owed by the corporation have been paid. I further certify that when filing this reinstatement application is true and accurate. So in chapter 90.70 or 617, F.S. I further certify that when filing this reinstatement application is true and accurate. So in chapter 90.70 or 617, F.S. I further certify that when filing this reinstatement application is true and accurate. So in chapter 90.70 or 617, F.S. I further certify that when filing this reinstatement application is true and accurate. So in chapter 90.70 or 617, F.S. I further certify that when filing this reinstatement application is true and so in chapter 90.70 or 617, F.S. I further certify that when filing this reinstatement application is true and so in chapter 90.70 or 617, F.S. I further certify that when filing this reinstatement application is true and so in chapter 90.70 or 617, F.S. I further certify that when filing this reinstatement a				
SIGNATURE AND TYPED OR PRINTI	ED NAMEJOF SIGNING OFFICER OR DIRECTO	R	Date Caydima Prione #	ァンン

VEIRMA HARRIPERSAUD