

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **S58413**

1. Corporation Name

HOLIDAY/KAROUSEL, INC.

Principal Place of Business

Mailing Address

5100 N OCEAN BLVD
314
FORT LAUDERDALE FL 33308
US

5100 N OCEAN BLVD
314
FORT LAUDERDALE FL 33308
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/05/1991

5. FEI Number

65-0267422

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
Pres.	Joseph Famiglietta	5100 N. Ocean Blvd. 314 Fort Lauderdale, FL 33308	Fort Lauderdale, FL 33308

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FAMIGLIETTA, JOSEPH
5100 N OCEAN BLVD
STE 314
FORT LAUDERDALE FL 33308

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

REGISTERED AGENT MUST SIGN

Date

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

Daytime Phone #

CR2E040 (7/03)

2

Holiday/Karousel, Inc.
coin operated kiddie rides

October 11, 2003


Florida Department of State
Divisions of Corporations

To Whom It May Concern:

Please be advised that Holiday/Karousel, Inc. has never received any notification that our annual report has not been paid. Had we received notice of the balance owed, payment would have been paid in a timely matter as previous years reflect.

Enclosed is the \$150.00 fee necessary to be reinstated. Please accept our sincerest apologies for any confusion in this matter.

Sincerely,



Joseph Famiglietta
President

JF:cm