

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -3 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **998000058452**

1. Corporation Name
Chase Hospitality Corp.

Principal Office Address Mailing Address
2519 SW 30th Ave. Ft. Lauderdale, FL 33312 **2519 SW 30th Ave. Ft. Lauderdale, FL 33312**

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
State, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

05/05/99 90135024 \$150
4. Date Incorporated or Qualified To Do Business in Florida **6-30-98**
5. FEI Number **65-0848881**
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	Jones, Jacquelyn M.	2519 SW 30th Ave.	Ft. Lauderdale, FL 33312
D	Jones, Robert E.	2519 SW 30th Ave.	Ft. Lauderdale, FL 33312

8. Name and Address of Current Registered Agent
Moraitis, George R
915 Middle River Dr., # 506
Ft. Lauderdale, FL 33304

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I hereby appoint the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent Date
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. I, the undersigned, being 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 required by this 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

11-15-99 **954-255-5599**
Date Daytime Phone #

CR2E081 (12-98)