

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 19 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576127 (5)

1. Corporation Name

HOTEL CLUB SERVICES, INC.

2. Principal Office Address

3. Mailing Office Address

572 Clubside Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VENICE, FL. 34293

Zip

Country

Zip

Country

34293

U S A

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/19/78

5. FEI Number

59-1827194

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Fred A Heckel

000003912690-9

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

572 Clubside Cir

-03/27/01-01070-021

****450.00 ****450.00

Suite, Apt. #, Etc.

City

Venice, FL. 34293

State
FL

Zip Code
34293

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

Fred A Heckel

Date 3/9/01

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Fred A. Heckel	572 Clubside Cir	Venice, FL, 34293
TRs.	Marilyn Heckel	572 Clubside Cir.	Venice, FL 34293
Prs.	Fred N. Heckel	2214 Park Road	Venice, FL 34293

10. 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:

Fred A Heckel FRED A HECKEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/01
Date

941-493-1408
Daytime Phone #

CR2E081 (9/00)

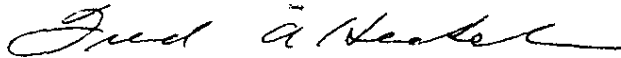
208

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: Reinstatement

Thank you for sending the Reinstatement form. At this time we are sending a Cheque for \$ 450.00 which should cover the reinstatement and fee for the 1999, 2000, and 2001. We are very sorry that our mail was not forwarded after moving in 1998. The annual fees have been paid since the inception of HOTEL CLUB SERVICES in 1978.

Again thank you for your help in this Matter



Sincerely,
Fred A. Heckel

f

