

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **F00000002279**

1. Corporation Name

**HOTELS SERVICE COMPANY OF DELAWARE, INC.**

Principal Place of Business

16400 GULF BLVD., SUITE 507  
REDDINGTON BEACH FL 33738

Mailing Address

16400 GULF BLVD., SUITE 507  
REDDINGTON BEACH FL 33738

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

4. Date Incorporated or Qualified  
To Do Business in Florida

03/17/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

73-0530994

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTCD	MOORE, C. TUCKER	16400 GULF BLVD., SUITE 507	REDDINGTON BEACH FL 33738
S	MOORE, MELISSA A	16400 GULF BLVD., SUITE 507	REDDINGTON BEACH FL 33738
AS	HALES, DANIEL B	200 EAST RANDOLPH, SUITE 7300	CHICAGO IL 60601

700004705427--8  
-12/05/01--01017--025  
\*\*\*758.75 \*\*\*758.75

REINSTATEMENT 01 T8

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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.

Signature of  
Registered Agent

*Barbara A. Burke*

**BARBARA A. BURKE**  
SPECIAL ASSISTANT SECRETARY

Date

11-201

REGISTERED AGENT MUST SIGN

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

*C. Tucker Moore*

Date

Daytime Phone #

10/26/01 727/399-0800