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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV -2 PH 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000004555

1. Corporation Name
Asca Ablay Hospitality Inc.

2. Principal Office Address
631 International Pkwy
Suite, Apt. #, etc.
Suite 100

3. Mailing Office Address
c/o Asca Ablay, Inc.
110 Sargeant Drive
Suite, Apt. #, etc.

City & State
Richardson, TX
Zip
75081-6623

City & State
New Haven, CT
Zip
06511

4. Date Incorporated or Qualified To Do Business In Florida
4-28-83

5. FEI Number
75-192404

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DEMAND \$3.55 additional fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.
City
Plantation

State
FL
Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0205 or 617.0503, F.S.
Signature of Registered Agent *TAREN H. KREATZ*
Date *11/29/04*
REGISTERED REPRESENTATIVE
SPECIAL ASSISTANT SECRETARY

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

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
C	Joseph Grillo	9292 Jeronimo Rd.	Irvine, CA 92618-1905
P/D	Tad Fitzpatrick	631 International Pkwy, Ste 100	Richardson, TX 75081-6623
AS	Jeffrey A. Mereschuk	110 Sargeant Dr.	New Haven, CT 06511

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)(c), 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: *Taren H. Kreatz*
DATE: *11/29/04*
TELEPHONE: *(209) 624-5225*

PLEASE PRINT NAME OF CT SYSTEM OFFICE

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

ASSA ABLOY HOSPITALITY INC.

Certificate of Status	0
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