

F93000005602

CT CORPORATION SYSTEM

CORPORATION(S) NAME

FILED
01 JAN 19 PM 2:48
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

~~Hotel Partners Latin America Caribbean, LLC;~~

Hotel Partners, Inc.

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____ 1/15/01
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

000003537890--0
-01/19/01--01067--011
Order#: 2411474 *****10.00 *****10.00

000003537890--0
Ref#: -01/16/01--01028--018
*****25.00 *****25.00

Amount: \$ _____

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

DIVISION OF CORPORATION
01 JAN 16 AM 8:10

COULLETTE JAN 19 2001

FILE 2ND



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 18, 2001

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: HOTEL PARTNERS, INC.

Ref. Number: F93000005602

We have received your document for HOTEL PARTNERS, INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. ~~Refer to the attached fee schedule for a breakdown of the fees.~~ Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 301A00002983

Please backdate + file, thanks! JS

RECEIVED
01 JAN 19 AM 11:05
DIVISION OF CORPORATIONS

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL
OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS
IN FLORIDA**

Hotel Partners, Inc.

(Name of Corporation)

Delaware

(Incorporated Under Laws Of)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address to which the Department of State may mail a copy of any process against this corporation that may be served on the Department.

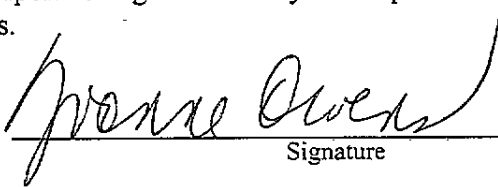
P.O. Box 1807

(Mailing Address)

Greenville, SC 29602

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



Signature

Assistant Secretary

Title

Yvonne Owens

Typed or printed name

Date