

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 30 PM 3:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F94000003830

1. Corporation Name
HSC HOSPITALITY, INC.

Principal Place of Business
**14800 QUORUM DRIVE
SUITE 180
DALLAS TX 75240
US**

Mailing Address
**14800 QUORUM DRIVE
SUITE 180
DALLAS TX 75240
US**



REINSTATEMENT

97ad

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 07/21/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 75-2545118	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	CLAWSON, CHARLES D	14800 QUORUM DRIVE SUITE 180	DALLAS TX
DC	GRACE, J P	14800 QUORUM DRIVE SUITE 180	DALLAS TX
WC V	WENDELKEN, J W C. KENNETH TURNER	14800 QUORUM DRIVE SUITE 180	DALLAS TX
			500002334255--8

8. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301**

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 *Mary J. Flowers* Date *10/29/97*
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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:

C. Kenneth Turner C.E.O.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10/29/97* Daytime Phone # *972 490 1166*

CR2E040 (8/97)

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THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 582335 7138724

AUTHORIZATION : *Patricia Pappas*

COST LIMIT : \$ 750.00

ORDER DATE : October 29, 1997

ORDER TIME : 11:23 AM

ORDER NO. : 582335-005

CUSTOMER NO: 7138724

CUSTOMER: Mr. Michael T. Clock
HSC HOSPITALITY, INC.

14800 Quorum Drive
Suite 180
Dallas, TX 75240

RESUBMIT

Please give original
submission date as file date.

Please

*file,
this is only
stamped
received.*

DOMESTIC FILING

NAME: HSC HOSPITALITY, INC.

EFFECTIVE DATE:

REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS: _____

RECEIVED

97 OCT 30 PM 2:4

DIVISION OF CORPORATION

RECEIVED

97 OCT 30 PM 1:03

DIVISION OF CORPORATION