

F95000004714

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

300001585663  
 -09/27/95--01063--010  
 \*\*\*\*122.50 \*\*\*\*122.50  
 Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. Hospitality Restoration + Builders,  
 (Corporation Name) (Document #)
2. \_\_\_\_\_ Inc  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

- Walk in     
  Pick up time 9-28-95     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 95 SEP 27 PM 1:57

*mtm*

Examiner's Initials	_____
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## TRANSMITTAL LETTER

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 SEP 27 PM 1:57

TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS

SUBJECT: Hospitality Restoration & Builders, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Howard Anders  
(Name of Person)  
Hospitality Restoration & Builders, Inc.  
(Firm/Company)  
969 Third Avenue  
(Address)  
New York, New York 10022  
(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Olive Smith at ( 310 ) 286 - 6400  
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:  
Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO  
TRANSACT BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:**

1. Hospitality Restoration & Builders, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New York 3. 13-3846447  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 27, 1995 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. November, 1995 - (Expected Activity)  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. 969 Third Avenue  
New York, New York 10022  
(Current mailing address)
8. General Contractors/Hotel Renovation  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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**9. Name and street address of Florida registered agent:**

Name: CorpAmerica, Inc.  
Office Address: 1525 S. Andrews Avenue, Suite 216  
Fort Lauderdale, Florida, 33316  
(Zip Code)

**10. Registered agent's acceptance:**

*Having been named as registered agent and to accept service or process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Jose L. Sinter*, Assistant Secretary  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: Tova Schwartz

Address: 11 Wedgewood Lane

Lawrence, New York 11559

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Tova Schwartz

Address: 11 Wedgewood Lane

Lawrence, New York 11559

Exec. Vice President: Howard Anders

Address: 30 East 65th Street

New York, New York 10021

Secretary: Tova Schwartz

Address: 11 Wedgewood Lane

Lawrence, New York 11559

Treasurer: Howard Anders

Address: 30 East 65th Street

New York, New York 10021

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Howard G. Anders  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. HOWARD G. ANDERS - EXECUTIVE VICE PRESIDENT  
(Typed or printed name and capacity of person signing application)

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DIVISION OF CORPORATIONS  
95 SEP 27 PM 1:57

**State of New York** | **ss:**  
**Department of State**

I hereby certify, that the certificate of incorporation of HOSPITALITY RESTORATION AND BUILDERS, INC. was filed on 07/27/1995, with perpetual duration, and that I have made a diligent examination of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, I find no such certificate, order or record, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of September  
one thousand<sup>9</sup> nine hundred and  
ninet<sup>y</sup>-five.



*Alfred F. Treadwell*

199509070253

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DIVISION OF CORPORATIONS  
95 SEP 27 PM 1:57

CONTACT:

F95 00000 4714

OFFICE USE ONLY (Document #)

UCC FILING & SEARCH SERVICES

(Requestor's Name)

526 EAST PARK AVENUE SUITE 200

(Address)

TALLAHASSEE, FL 32301 (904) 681-6528

(City, State, Zip)

(Phone #)

FILED  
96 JAN 18 PM 4: 10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. Hospitality Restoration and Builders Inc  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

Walk in  Pick up time \_\_\_\_\_

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Photocopy

Certified Copy

Certificate of Status

CERTIFICATE OF GOOD STANDING

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<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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96 JAN 18 PM 3: 47  
DIVISION OF CORPORATIONS  
ARTICLE ONLY  
CHARTER DOCS

Certificate of FICTITIOUS NAME

FICTITIOUS NAME SEARCH

CORP SEARCH

OTHER FILINGS	
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<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

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<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**HOLD FOR  
PICKUP BY  
UCC SERVICES**

N. HENDRICKS JAN 17 1996

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of New York submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1a. The name of the corporation is: HOSPITALITY RESTORATION AND BUILDERS, INC.

1b. The mailing address of the corporation is: 1800 Century Park East, Suite 370 Los Angeles, CA 90067

1c. Date of incorporation: 9/27/95 Document number: F95000004714

2. The name and address of the current registered agent and office:

CorpAmerica, Inc. 1525 S. Andrews Avenue, Suite 216 Fort Lauderdale, FL 33316

3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable)

Nationscorp Registered Agents, Inc. 526 E. Park Avenue Tallahassee, FL 32301

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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Oliver A. Smith (Signature of an officer, chairman or vice chairman of the board)

12-18-95 (Date)

Oliver A. Smith, Corp. Controller (Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Ed Hand (Signature of Registered Agent) President

1/18/96 (Date)

If signing on behalf of an entity:

Ed Hand (Typed or Printed Name)

(Capacity)

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