

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000005001**

1. Corporation Name

**HT-BOSTON, INC.**

Principal Place of Business

C/O HYATT CORPORATION  
200 W. MADISON, SUITE 4100  
CHICAGO IL 60606

Mailing Address

C/O HYATT CORPORATION  
200 W. MADISON, SUITE 4100  
CHICAGO IL 60606

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/13/1995

5. FEI Number

36-3153818

Applied For

Not Applicable

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
D	PRITZKER, THOMAS J	200 W MADISON	CHICAGO IL 60606
VSD	HANDELSMAN, HAROLD S	200 W MADISON	CHICAGO IL 60606
VTD	MILLER, SCOTT	200 W MADISON	CHICAGO IL 60606
P	SCHULZE, RICHARD L	200 W MADISON	CHICAGO IL 60606
V	POORMAN, J. KEVIN	200 W MADISON	CHICAGO IL 60606
V	Rose, Kirk	200 W. Madison	Chicago, IL 60606

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 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.

9000008730359

City

State  
**FL**

Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

10/29/02

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]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk Rose, Vice President

Date

10/28/02

312-750-1234

Daytime Phone #