

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 18 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000000978

1. Corporation Name

THE EDUCATIONAL INSTITUTE OF THE AMERICAN HOTEL
AND MOTEL ASSOCIATION (MICHIGAN), INC.

Principal Place of Business

Mailing Address

800 N. MAGNOLIA AVE., SUITE 1800
ORLANDO FL 32803

800 N. MAGNOLIA AVE., SUITE 1800
ORLANDO FL 32803



REINSTATEMENT

2000

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

02/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

38-1557821

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	MARSHALL, ANTHONY	800 N. MAGNOLIA AVENUE, SUITE 18	ORLANDO FL 32803
V	KELLEHER, RICHARD	755 CROSSOVER LANE	MEMPHIS TN 38117
S	VAUGHN, JACK	2802 OPRYLAND DR	NASHVILLE TN 37214
T	LEMENER, GEORGE	14651 DALLAS PARKWAY SUITE 500	DALLAS TX 75240
			600003454736--8 -11/07/00--01039--023 ****236.25 ****236.25 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHMURA, MIKE
800 N. MAGNOLIA AVE. SUITE 1800
ORLANDO FL 32803

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/13/00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/00

Daytime Phone #

CR2E040 (800)