

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 21 PM 3:44

DOCUMENT # F99000004228

1. Corporation Name

A.B. HOTELS, INC.

Principal Place of Business

Mailing Address

1400 CONTINENTAL DRIVE  
WENTZVILLE MO 63385

1400 CONTINENTAL DRIVE  
WENTZVILLE MO 63385



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

2. New Principal Office Address, If Applicable

A B HOTELS INC

Suite, Apt. #, etc.

8536 W HWY 192

City & State

KISSIMMEE, FLORIDA

Zip

34747

Country

USA

3. New Mailing Office Address, If Applicable

A B HOTELS INC

Suite, Apt. #, etc.

8536 W HWY 192

City & State

KISSIMMEE FL

Zip

34747

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/17/1999

5. FEI Number

43-1713532

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
PCD	SHAH, ANUP	720 CELEBRATION AVE., APT. 260	CELEBRATION FL 34747
SD	SHAH, HITTA	720 CELEBRATION AVE., APT. 260	CELEBRATION FL 34747

500003514955-3  
-12/27/00--01080-017  
\*\*\*\*758.75 \*\*\*\*758.75

8. Name and Address of Current Registered Agent

BLACK, A. CLIFTON  
903 WEST EMMETT STREET  
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

ANUP SHAH

Street Address (P.O. Box Number is Not Acceptable)

8536 W HWY 192

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34747

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 12/4/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/4/00

Daytime Phone #

407-396-1600