DOCUMENT # J/6614 : Comparison hame FLORIDA HOSPITALITY GROUP, INC. Principal Place of Business Mailing Address	PPLICATION FOR NSTATEMENT	FLORIDA DEPARTMEN Sandra B. Mort Secretary of S DIVISION OF CORPOR	am ate	AND FILED DV 30 PH 12: 38	
Here N. WESTSHORE BLVD. 1 608 N. WESTSHORE BLVD. STE. 1002 STE. 1002 </td <td>oration Name</td> <td>-</td> <td></td> <td></td> <td></td>	oration Name	-			
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adde, Apt. #, etc. bdde, Apt. #, etc. 5. FEI Number Applied For Not Applicable ity & State City & State 5. FEI Number Applied For Not Applicable ity & State Country 2 p Country 6. certificAte or status Desired of Officer and/or Director State / Zip Names and Street Addresses of Each Officer and/or Director 3 (Do NOT the Post Office State) 4 City / State / Zip D AUSTIN, ALFRED S. 1408 NORTH WESTSHORE BLVD., STE. TAMPA FL P BAERENKLAU, AL 1400 NORTH WESTSHORE BLVD., STE. TAMPA FL P BAERENKLAU, AL 1400 NORTH WESTSHORE BLVD., STE. TAMPA FL P BAERENKLAU, AL 1400 NORTH WESTSHORE BLVD., STE. TAMPA FL P BAERENKLAU, AL 1400 NORTH WESTSHORE BLVD., STE. TAMPA FL P BAERENKLAU, AL 1400 NORTH WESTSHORE BLVD., STE. TAMPA FL State City / State / Zip 0.100 - 0.18 *****750.00 *****750.00 ***** 750.00 *****750.00 ******750.00 ******750.00 ***** 750.00 ************************************		-	plicable 4. Date Inc	corporated or Qualified	
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BAEBENKLAU, AL 1406 NORTH WESTSHORE BLVD., STE TAMPA-FL 12/04/9801100018 ****750.00 ******750.00	(s) 2 IName or Utilders and/or Directors 3 (i		r and/or Director ost Office Box Numbers)	City / State / Zip	
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Approx 1 Contract Approx 1 Contract	BAERENKLAU, AL		ISHORE BLVD., STE.	TAMPA-FL	
BAERENKLAU, AL Name 1408 N. WESTSHORE BLVD. Street Address (P.O. Box Number Is Not Acceptable) STE. 1002 Suite, Apt. #, Etc. TAMPA FL 33607 City . I, being appointed the registered agent of the above named corporation are familiar with and accept the obligations of Section 607.0505, F.S. gnature of registered Agent REGISTERED AGENT MUST SIGN 1. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes Name Name			<u>~</u>	300002703753 -12/04/9801100018 ****750.00 *****750.1	-7
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TAMPA FL 33607 City City State Zip Code FL City City City City City City City City	1408 N. WESTSHORE BLVD. STE. 1002		Suite, Apt. #, Etc.		
I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. anature of gistered Agent					
gnature of gistered Agent Image: Comparison of the current year Intangible Personal Property tax due June 30. Date Date Date	C.	ve named comoration am familiar with	-	FL	
Intangible Personal Property tax due June 30. Yes I No I on intangible tax.)	re of Agent	VINE LOU		2 MB	
2. 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.	einstatement application, the reason for diss I by the corporation have been paid and the	slution has been eliminated, the corpor names of individuals listed on this form	te name satisfies the requirement to not qualify for an exemption	ents of section 607.0401 or 617.0401, F.S., that all fe	es