

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 AM 8:37

DOCUMENT # N45442

1. Corporation Name

Martin County Hotel and Motel Association, Inc..

2. Principal Office Address

N/A

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

P.O. Box 566

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip
34995

Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida October 3rd, 1991

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

L. William Pullen, CHA

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

Holiday Inn Oceanside, 3793 NE Ocean Blvd

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date July 28, 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mr. Timothy Digby D	Hutchinson Island Marriott Resort 555 NE Ocean Boulevard	Stuart, Florida 34996
V	Mr. Ron Haven D	River Palm Cottages 2325 NE Indian River Drive	Jensen Beach, Florida 34957
T	Mr. William Pullen D	Holiday Inn Oceanside 3793 NE Ocean Boulevard	Jensen Beach, Florida 34957
S	Ms. Elsie Ortega-Perri D	Howard Johnson's Motor Lodge 950 S. Federal Highway	Stuart, Florida 34994

10. 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: L. William Pullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/00 (561) 225-3000