

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003222

1. Corporation Name

HOTEL HUMAN RESOURCES ASSOCIATION
OF CENTRAL FLORIDA, INC.

2. Principal Office Address - No P.O. Box #
5877 AMERICAN WAY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

ORLANDO

City & State

Zip

32819

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

SCHAEVON MILLER

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

C/O CROWNE PLAZA UNIVERSAL, 7800 UNIVERSAL BLVD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32819

4. Date Incorporated or Qualified
To Do Business in Florida 05/29/1997

5. FEI Number
59-3449556

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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08/28/09--01047--014 **358.75

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 8-26-09

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	SCHAEVON MILLER	C/O CROWNE PLAZA UNIVERSAL 7800 UNIVERSAL BLVD.	ORLANDO/FL/32819
V	NADINE LADD	C/O INTL PLAZA RESORT & SPA 10100 INTERNATIONAL DRIVE	ORLANDO/FL/32821
S	DOREA MAYS	C/O ROSEN HOTELS 9888 UNIVERSAL BLVD.	ORLANDO/FL/32819
T	RHONDA GREGOIRE	C/O DOUBLE TREE CASTLE UNIVERSAL BLVD.	ORLANDO/FL/32819

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 contained in Chapter 119, 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

8-26-09 (407) 781-2122

Date

Daytime Phone #

FILED

09 AUG 28 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E081 (12/08)