

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILING CANCELLED  
RETURNED CHECK

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2010 MAY 28 A 11: 19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100181482381  
05/28/10--01035--017 \*\*600.00

CR2E081 (4/10)

DOCUMENT # **P01000011830**

1. Corporation Name

**FLORIDA HOSPITALITY CORP,**

2. Principal Office Address - No P.O. Box #

**1580 SAWGRASS CORP PKWAY**

Suite, Apt. #, etc.

**Suite # 130**

3. Mailing Office Address

**1580 SAWGRASS CORP PKWAY**

Suite, Apt. #, etc.

**SUITE # 130**

City & State

**SUNRISE FL**

City & State

**SUNRISE**

Zip

**33323**

Country

**VSA**

Zip

**33323**

Country

**VSA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/1/01**

5. FEI Number

**651085704**

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

**JOHN FITZGERALD**

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

**1580 SAWGRASS CORP PKWAY**

Suite, Apt. #, Etc.

**# 130**

City

**SUNRISE**

State

**FL**

Zip Code

**33323**

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 **MAY 26, 10**

PROFIT CORPORATIONS ONLY

The \$600.00 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.

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
D	S. PATEL	1580 SAWGRASS CORP PKWAY #130	SUNRISE, FL. 33323
D	H. FELDMAN	1580 SAWGRASS CORP PKWAY #130	SUNRISE, FL. 33323
D	M. ROTH	1580 SAWGRASS CORP PKWAY #130	SUNRISE, FL 33323
D	M. LEVIN	9789 W. SAMPLE RD.	CORAL SPRINGS, FL. 33065
D	G. GOLD	9789 W. SAMPLE RD.	CORAL SPRINGS, FL 33065

**REINSTATEMENT**

07-10 985

10. E-mail Address: **FLA HOSPITALITYCORP@GMAIL.COM**

(To be used for future annual report notification)

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. I further certify, 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

**5/26/10**

Date

Daytime Phone #