

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000015089

1. Corporation Name

HOSPITALITY EXPRESS SERVICES, INC.

2. Principal Office Address

1232 S. MISSOURI AVE

Suite, Apt. #, etc.

512

City & State

CLEARWATER FL

Zip

33756

Country

3. Mailing Office Address

4378 PARK BLVD

Suite, Apt. #, etc.

City & State

PINELLAS PARK FL

Zip

33781

Country

4. Date Incorporated or Qualified

To Do Business in Florida 02.09.2001

5. FEI Number

59-3697191

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

ROMAN BAGAR

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

1232 S. MISSOURI AVE

Suite, Apt. #, Etc.

#512

City

CLEARWATER

State  
FL

Zip Code  
33756

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

*Roman Bagar*  
REGISTERED AGENT MUST SIGN

Date

4/15/04

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

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| P      | ROMAN BAGAR                          | 1232 S. MISSOURI AVE #512                         | CLEARWATER FL 33756 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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:

*Roman Bagar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/15/04

Daytime Phone #

FILED

04 APR 19 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900033096159

04/19/04--01074--002 \*\*300.00

REINSTATEMENT

03-04

CR2001 (01/04)

TR

PS 2 of 2

April 15th, 2004

UNIFORM BUSINESS REPORT  
DIVISION OF CORPORATIONS  
P.O.BOX 6327  
TALLAHASSEE FL 32314

RE: **Hospitality Express Services, Inc.**  
File # **P01000015089**

Dear Madam, Sir,

Along with this letter we are sending the Corporation Reinstatement form  
for **Hospitality Express Services, Inc.**

We have not received the initial mailing of the AR, or the second notice, therefore we are  
sending you this form with the check for the amount of \$300.00.  
Just recently it came to our attention that our corporation has been dissolved 9.19.2003.

We ask that, you accept this form together with the check and respectfully request,  
that you wave any penalties and reinstate my corporation.

Your cooperation in this matter will be gratefully appreciated.

Sincerely,

Roman Bagar  
President

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