

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P01599

1. Corporation Name

QUALITY HOTELS AND RESORTS, INC.

Principal Place of Business

10750 COLUMBIA PIKE
SILVER SPRING MD 20901

Mailing Address

10750 COLUMBIA PIKE
SILVER SPRING MD 20901

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

4. Date Incorporated or Qualified
Do Business in Florida

04/11/1984

5. FEI Number

52-1288887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

See Instructions for details.

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City, State, Zip
PD	FLOYD, WILLIAM R. LEDSINGER, CHARLES A. JR.	10750 COLUMBIA PIKE	SILVER SPRING MD
V	DEMPSEY, D.	10750 COLUMBIA PIKE	SILVER SPRING MD 20901
V	MIRGON, T	10750 COLUMBIA PIKE	SILVER SPRING MD 20901
SV	DESANTIS, M J	10750 COLUMBIA PIKE	SILVER SPRING MD 20901
V	SQUERI, JOSEPH M	10750 COLUMBIA PIKE	SILVER SPRING MD
AT	HICKEY G, F	10750 COLUMBIA PIKE	SILVER SPRING MD 20901

8. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite, Apt. #, Etc.
City Tallahassee, State FL Zip Code 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Patricia Papitto

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11-24-99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 02 1999

Date

Daytime Phone #