

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000002166**

1. Entity Name  
**FIVE STAR HOSPITALITY SERVICES, INC.**



FILED

07 OCT 25 PM 2:01

CLERK OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1144 OCOEE APOPKA ROAD  
APOPKA, FL 32703**

Mailing Address  
**1144 OCOEE APOPKA ROAD  
APOPKA, FL 32703**

2. Principal Place of Business - No P.O. Box #  
**1144 OCOEE APOPKA RD.**

Suite, Apt. #, etc.  
**Suite 103**

City & State  
**APOPKA FL**

Zip  
**32703**

Country  
**USA**

3. Mailing Address  
**1144 OCOEE APOPKA RD.**

Suite, Apt. #, etc.  
**Suite 103**

City & State  
**APOPKA FL**

Zip  
**32703**

Country  
**USA**

10/22/07 REIN-P, 10/22/07 10/22/07 (1/07)

**REINSTATEMENT**

4. FEI Number  
**20-0599155**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**STROUP, MARK  
1144 OCOEE APOPKA ROAD  
APOPKA, FL 32703**

7. Name and Address of New Registered Agent  
Name  
**STROUP, MARK**  
Street Address (P.O. Box Number is Not Acceptable)  
**1144 OCOEE APOPKA RD.**  
Suite  
**103**  
City  
**APOPKA** FL Zip Code  
**32703**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **Oct 22 07**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STROUP, MARK 1144 OCOEE APOPKA ROAD APOPKA, FL 32703</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE **Oct 22 07** 407 814 8858

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR