


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000122563		
1. Entity Name S. HYATT CORP		

Principal Place of Business 2484 SOUTH ADAMS ST TALLAHASSEE, FL 32310	Mailing Address 2484 SOUTH ADAMS ST TALLAHASSEE, FL 32310
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2. Principal Place of Business - No P.O. Box # 2848 South Adams St.	3. Mailing Address 2848 South Adams St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State
Zip 32310	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SINDHU, NASEER 2484 SOUTH ADAMS ST TALLAHASSEE, FL 32310

Name Sindhu, Naseer
Street Address (P.O. Box Number is Not Acceptable) 2848 South Adams St.
City Tallahassee
State FL
Zip Code 32310

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: [Signature] DATE: 8.4.8
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINDHU, NASEER 2484 SOUTH ADAMS ST TALLAHASSEE, FL 32310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sindhu, Naseer 2848 South Adams St. Tallahassee, FL 32310 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500134460705 08/14/08--01011--014 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: [Signature] DATE: 8.4.8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

08 AUG -4 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08042008 REIN-P CR2E098 (1/07)

4. FEI Number
26-0126247 ☐ Applied For ☐ Not Applicable

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