

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 16 PM 2:04

DOCUMENT # *PO6000153485*

1. Corporation Name

Hotel Revenue Management Inc.

2. Principal Office Address - No P.O. Box #  
5968 NE 6th Court

3. Mailing Office Address  
5968 NE 6th Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami Florida

City & State  
Miami Florida

Zip Country  
33137 USA

Zip Country  
33137 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 12/14/2006

5. FEI Number  
20-8031743

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  
Stephanie Balaz

Street Address (P.O. Box Number is Not Acceptable)  
5968 NE 6th Court

Suite, Apt. #, Etc.

City  
Miami

State Zip Code  
FL 33137

☐ The 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.

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

*Stephanie Balaz*

REGISTERED AGENT MUST SIGN

Date 10/10/2009

**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
Pres	Stephanie Balaz	5968 NE 6th Court	Miami Florida 33137

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 contained in Chapter 119, 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:

*Stephanie Balaz* STEPHANIE BALAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/08

Date

305-535-8294

Daytime Phone #