

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000086959

1. Corporation Name

HOTEL MANAGEMENT SERVICES, INC.

2. Principal Office Address

6355 METROWEST BLVD.

Suite, Apt. #, etc.

SUITE 330

City & State

ORLANDO FL

Zip

32835

Country

US

3. Mailing Office Address

6355 METROWEST BLVD.

Suite, Apt. #, etc.

SUITE 330

City & State

ORLANDO FL

Zip

32835

Country

US

REINSTATEMENT

99-100

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/16/93

5. FEI Number

59-3215880

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

NANCY A. ROSSMAN

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

6355 METROWEST BLVD.

Suite, Apt. #, Etc.

SUITE 330

City

ORLANDO

500003291015-5

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*****900.00 ****900.00*

State

FL

Zip Code

32835

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

Nancy A. Rossman

REGISTERED AGENT MUST SIGN

Date *5/5/00*

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
P.D	NANCY A. ROSSMAN	6355 METROWEST BLVD, STE 330	ORLANDO, FL 32835
V.D	RUTH J. ROSSMAN	6355 METROWEST BLVD, STE 330	ORLANDO, FL 32835
			LS

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:

Nancy A. Rossman

NANCY A ROSSMAN

Date

5/5/00

Daytime Phone #

*407
523-
2323*