


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # P94000086269 2/ Corporation Name HOSPITALITY PARTNERS, INC																															
3/ Principal Office Address - No P.O. Box # 9100 Greenleaf Ct Suite, Apt. #, etc.		4/ Mailing Office Address 9100 Greenleaf Ct Suite, Apt. #, etc.																													
City & State FT. MYERS FL Zip 33919 Country LEE		City & State FT. MYERS FL Zip 33919 Country LEE																													
5/ Date Incorporated or Qualified To Do Business in Florida		6/ FEI Number 65-0540474 7/ CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
8/ Name and Address of Current Registered Agent Name Edward BRAID Street Address (P.O. Box Number is Not Acceptable) 9100 Greenleaf Ct Suite, Apt. #, Etc. City FT. MYERS State FL Zip Code 33919		600234912226 05/10/12--01005--003 **150.00 600234912226 05/10/12--01005--004 **150.00																													
9/ 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 Edward Braid Date 4/30/12 REGISTERED AGENT MUST SIGN																															
10/ Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																															
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>DP</td><td>EDWARD BRAID</td><td>9100 Greenleaf Ct.</td><td>FT MYERS FL 33919</td></tr><tr><td>DST</td><td>PATRICIA BRAID</td><td>9100 Greenleaf Ct</td><td>FT MYERS FL 33919</td></tr><tr><td></td><td></td><td></td><td>S. HAWKES</td></tr><tr><td></td><td></td><td></td><td>MAY - 2012</td></tr><tr><td></td><td></td><td></td><td>EXAMINER</td></tr><tr><td></td><td></td><td></td><td>attaches ck # 466, \$1750.01</td></tr></tbody></table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	DP	EDWARD BRAID	9100 Greenleaf Ct.	FT MYERS FL 33919	DST	PATRICIA BRAID	9100 Greenleaf Ct	FT MYERS FL 33919				S. HAWKES				MAY - 2012				EXAMINER				attaches ck # 466, \$1750.01
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21/ E-mail Address: BRAID@COMCAST.NET (To be used for future annual report notification)																															
22/ 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE: Edward Braid Date 4/30/12 239-489-2209 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																															