PLEASE READ A	ALL INSTRUCTIONS	BEFORE COM	PLETING THIS FORM.
APPLICATION FLORIDA DEPARTMENT OF STATE			
FOR	Sandra B. Mortham		
REINSTATEMENT	Secretary of State DIVISION OF CORPORATIONS		FILED
DOCUMENT # P 950000 91881			98 OCT 16 PM 3: 26
Hotel Hospitality Services & Florida, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA			
3			TALLAHASSEE, FLURIDA
Principal Place of Business  August Blud. P.D. Box 29007			
			200
Tampa, FL 33612 1ampa, FL 33685-0007			INSTATEMENT 96-48
f above addresses are incorrect in any way, line through incorrect information and enter correction below.  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable		Applicable 4, D	ate Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.		o Do Business in Florida
City & State	City & State		El Number   Applied For   Not Applied For   Not Applicable
Zip Country	Zip Country		ERTIFICATE OF STATUS DESIRED \$\frac{1}{12}\$\$ \$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/o			ectors)
Title(s) Name of Officers and/or Directors 2	Į Offi	eet Address of Each cer and/or Director e Post Office Box Number	S) 4 City / State / Zip
P Mohammad Bhadelia 2001 E. Busch Blud. Tampa, FL 336/2			
1 Mohammad Bhi	3 1006 ailabe	. Busch B	lud. Tampa, M. 33612
S Mohammad Bhadelia 2001 E. Busch Blud. Tampa, FL 33612			
			0000026702407
			***1058.75 ***1058.75
Name .			ame and Address of New Registered Agent
			March Blud-
Suite, Apt. #, Etc.			1308Ch 1310d-
city F.			State Zip Code
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent Date 10/12/1998  REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No No No No No No No Intangible tax.)			
12. 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 filling 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: BLUES - Mohammad Bhadelia 10/12/198 933-7848 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Daytime Phone #			