

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P95000096049

1. Corporation Name

INTERNATIONAL HOSPITALITY ADVISORS, INC.

Principal Place of Business

Mailing Address

8390 NW 53RD STREET
STE 312
MIAMI FL 33166

8390 NW 53RD STREET
STE 312
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Same as Above

Suite, Apt. #, etc.

Same as Above

City & State

Same as Above

Zip

Country

3. New Mailing Office Address, If Applicable

Same as above

Suite, Apt. #, etc.

Same as above

City & State

Same as above

Zip

Country

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

12/15/1995

5. FEI Number

65-0638567

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PINTO, DEREK	8390 NW 53RD STREET	MIAMI FL 33166

700003455097-3
-11/07/00--01062--019
****750.00 ****750.00

ph 11/11

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SLAY, KELLEY D
8390 NW 53RD STREET
STE 312
MIAMI FL 33166

Name

Derek J. Pinto

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

8390 NW 53rd Street, Suite 312

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

SIGNATURE REQUIRED

Date October 17, 2000

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

October 17, 2000

Date

Daytime Phone #

CR2ED40 (8/00)