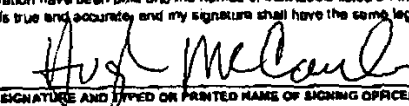


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 OCT -3 AM 11:12 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000045726					
1. Corporation Name Hospitality Charters, inc					
2. Principal Office Address 4351 NE 12 TERR			3. Mailing Office Address 4351 NE 12 TERR		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FT LAUD FLA		City & State FT LAUD. FLA		4. Date Incorporated or Qualified To Do Business in Florida JUNE 5 1996	
Zip 33334		Country USA		5. FEI Number N/A NOT APPLICABLE	
6. CERTIFICATE OF STATUS DESIRED ☐				\$5.75 Add'l Fee (check for 1st month of status)	
7. Name and Address of Current Registered Agent					
Name HUGH H. McCauley					
Street Address (P.O. Box Number is Not Acceptable) 4351 NE 12 TERR					
State, Apt. #, Etc.					
City FT LAUDERDALE				State FL	Zip Code 33334
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 				Date 9-30-06	
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres.	HUGH MCCAULEY	4351 NE 12 TERR	FT. LAUD FLA, 33334		
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 118, 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: 				Date 9/30/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # 9542750205	