1 of 2

FILE No.866 05/01 '03 12:39 ID:CSC TALLAHASSEE FAX:850 5211010 PAGE 2/ 2

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TALLAHASSEE, FLORIDA

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000045726

1. Corporation Name

Hospitality Charters Inc.

REINSTATEMENT 05/03

2. Principal Office Address	3. Mailing Office Address
2401 NE 8th Ave	2401 NE 8th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33305 Country: USA	Zip: 33305 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/22/1996

5. FEI Number: ☐ 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: Linda Higgins

Street Address (P.O. Box Number is Not Acceptable): 2401 NE 8th Ave

Suite, Apt. #, Etc.:

City: Wilton Manors State: FL Zip Code: 33305

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: _____ REGISTERED AGENT MUST SIGN Date: 05/01/2003

CR2E061 (10/00)

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
D	Hugh H. McCauley	1014 SE 11th St	Ft. Lauderdale FL 33316

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: Hugh H McCauley 5/01/2003 954 523 4954

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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B

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY/SAC
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)521-1030

CORPORATION REINSTATEMENT

HOSPITALITY CHARTERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00