

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007796

1. Corporation Name

International Hospitality Brokerage, Inc

2. Principal Office Address

2700 S. Commerce Parkway SAME

Suite, Apt. #, etc.

Suite 313

City & State

Weston, FL

Zip Country

33331 USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 2000-01

4. Date Incorporated or Qualified
To Do Business in Florida

1/21/97

5. FEI Number

650745209

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

300004679073--6

Name

Kelley D. Slay

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

2700 S. Commerce Parkway

Suite, Apt. #, Etc.

Suite 313

City

Weston

State

FL

Zip Code

33331

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 10/17/01

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 |
|--------|--------------------------------------|---|--------------------|
| PSD | Kelley D. Slay | 2700 S. Commerce Parkway Suite 313 | Weston, FL 33331 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 954-384-2478