99-02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99-02
CORPORATION REINSTATEMENT
UBR

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 31 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100003766291
12/31/02--01052--003 **600.00

DOCUMENT # P98000062959

1. Corporation Name
Hospitality Services Group, Inc.

2. Principal Office Address	3. Mailing Office Address
12351 N.W. 2nd Street	12351 N.W. 2nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, Florida	City & State: Plantation, Florida
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/15/1998

5. FEI Number: 087524249 Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Sheryl Smul

Street Address (P.O. Box Number is Not Acceptable): 12351 N.W. 2nd Street

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33325

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: Sheryl Smul REGISTERED AGENT MUST SIGN Date: 12/30/02

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
P/D	Sheryl Smul	12351 N.W. 2nd Street	Plantation, FL 33325

JR 1/14/03

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: Sheryl Smul Sheryl Smul, President 12/30/02 954-423-9901

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