

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 13 AM 8:29

DOCUMENT # 998000086162

Corporation Name

Hospitality Purchasing Group

7880 W. Oakland
Park Blvd #204
Sunrise, FL 33351

Principal Place of Business

Mailing Address

7880 W. Oakland Park Blvd #204
Sunrise, FL 33351

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.

3. New Mailing Office Address, If Applicable

SAME AS ABOVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10-6-98

5. FEI Number

650870757

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
President	Lauri Major	4931 NW 110 Way Coral Springs, FL 33076	
Treasurer	Marilyn Smith	3330 Spanish Moss Terr. Lauderhill, FL 33319	

8. Name and Address of Current Registered Agent

Lauri Major
4931 NW 110 Way
Coral Springs FL 33076

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

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

Lauri Major

REGISTERED AGENT MUST SIGN

Date Oct 9, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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, in making 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. The 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:

Lauri Major
LAURI MAJOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct 9, 1999

Date Daytime Phone #

CR22581 (12/99)