

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT



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

FILED

00 JUL 10 PM 2:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000090196

1. Corporation Name

HSS Properties, Inc.

2. Principal Office Address

222 S. Pennsylvania Ave.

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

P.O. Box 2146

Suite, Apt. #, etc.

City & State

Winter Park, FL 32790

Zip

32790

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/98

5. FEI Number

59-3538715

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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-07/25/00--01038--001

****300.00 ****300.00

7. Name and Address of Current Registered Agent

Name

Haire, Paul L.

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

2457 Silver Star Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32804

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

Paul Haure

Date 7/7/00

REGISTERED AGENT MUST SIGN

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	Haire, Paul L.	222 S. Pennsylvania Ave. #200	Winter Park, FL 32789

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

Paul Haure

7/7/00

Date

Daytime Phone #

KE

CR2E081 (9/99)

2012

ROBERT P. SALTSMAN, P. A.

Attorney at Law

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Winter Park, Florida 32790
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July 7, 2000

UPS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

**Re: HHS Properties, Ltd. - Annual Report and
HSS Properties, Inc. - Application for Reinstatement**

Dear Sir or Madam:

We are returning herewith the 2000 Uniform Business Report for HSS Properties, Ltd., which was previously rejected by the State because its general partner, HSS Properties, Inc., has been administratively dissolved for failure to file its Annual Report, as stated in your letter of June 12, 2000 (copy attached). The original check for the fees is attached to the Report.

Enclosed is the Application for Reinstatement for the general partner, HSS Properties, Inc. The general partner had not filed any of its annual reports because it had not received an annual report from the Secretary of State since the filing of its Articles of Incorporation. Under the circumstances, we would respectfully request that the penalty for reinstatement be abated. Enclosed is a check in the amount of \$300.00 to pay the annual fees which are due to date.

We appreciate and thank you for your attention and consideration. Please call us immediately if there are any questions.

Sincerely,



Robert P. Saltsman

RPS/no
Enclosures