

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV 13 PM 5:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105428

1. Corporation Name

HOSPITALITY, INC.

Principal Place of Business

12210 BISCAYNE BLVD  
N. MIAMI FL 33181

Mailing Address

12210 BISCAYNE BLVD  
N. MIAMI FL 33181

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAMERA DIACO

3. New Mailing Office Address, If Applicable

2340-2 E ARAGON BLVD

Suite, Apt. #, etc.

2340-2 E ARAGON BLVD

Suite, Apt. #, etc.

City & State

SUNRISE, FLA

City & State

SEA SUNRISE, FLA

Zip

33313

Country

U.S.A.

Zip

33313

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/17/1998

5. FEI Number

43-1842121

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DIACO, SAMERA	6251 PALM TRACE LANDING, S-102	DAVE FL 33314
P	SIDDIRI, REDEMION	6521 PALM TRACE LANDING STE 102	DAVE FL 33314
ST	SIDDIRI, MOHMMED	6251 PALM TRACE LANDING, S-102	DAVE FL 33314

000003488660--6  
-12/06/00--01011--014  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

HOLDEN, FRANCIS E JR.  
166 HIALEAH DR.  
HIALEAH FL 33010

9. Name and Address of New Registered Agent

Name

DAVID SIDDIRI

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

2340-2 E ARAGON BLVD

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33313

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

SIGNATURE REQUIRED

Date 10-16-00

REGISTERED AGENT MUST SIGN

11. 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

Samera Diaco

10/16/00 305.893-5250  
Daytime Phone #

11/6/00 954-763-6363

10-76.00

2 of 2

ATTN TO DIVISION OF CORPORATION  
REF # P98000105428

DEAR SIR, THIS IS TO INFORM YOU THAT I NEVER  
RECEIVED AN APPLICATION FOR THE RENEWAL ON TIME, DUE

TO MOVING TO NEW ADDRESS. I HAVE ENCLOSED A

NEW ADDRESS, ALONG WITH THE CHECK FOR \$150.00

PLEASE KINDLY MAKE A NOTE FOR FUTURE RENEWALS.

AND COOPERATION IN THIS MATTER WILL BE APPRECIATED.

Sincerely yours

DAVID SIDDIKI

REG ABEN

2340-2-E ARAGON BLVD

SUNRISE, FLA 33313