

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
ADVISED BY MAIL

01 MAY -4 AM 9:46

DOCUMENT # **PG8000106153**

1. Corporation Name

HOSPITALITY NETWORK MARKETING GROUP INC.

2. Principal Office Address

531 N. OCEAN BLVD

Suite, Apt. #, etc.

1405

City & State

POMPADOUR BEACH

Zip **33062**

FL

Country

USA

3. Mailing Office Address:

3AM2

Suite, Apt. #, etc.

City & State

Zip

33062

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

JAN 1 - 1999

5. FEI Number

65-0889109

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

Name

J. PETER JOHNSON

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

531 N. OCEAN BLVD

Suite, Apt. #, Etc.

1405

City

POMPADOUR BEACH

700004288257 - 4

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******300.00 ****300.00**

State
FL

Zip Code
33062

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

J. Peter Johnson

Date **4/20/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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

Pres.

J. PETER JOHNSON

531 N OCEAN BLVD #1405

POMPADOUR BEACH-FL 33062

AD

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:

J. Peter Johnson

J. PETER JOHNSON

4/20/01
Date

954-782-8176
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-2-

HOSPITALITY

NETWORK MARKETING GROUP

**531 N. OCEAN BLVD #1405
POMPANO BEACH, FL 33062
954-782-3136 1-888-880-8869**

April 20,2001

**Florida Dept. of State
Division of Corporations
Tallahassee, FL 32314**

Dear Sirs:

I was out of the country last year for several months and was unaware that my staff had not filed the annual report for the aboved named corporation. They said they never saw the notice. I was looking for this years' report and when I couldn't find it I was told by your office that we had been dissolved last year ! I have included a check in the amount of \$300 to cover the reporting fee for 2000 and 2001 that hopefully you will accept to reinstate us.

Thank you in advance for your consideration.



J. Peter Johnston