

APPLICATION
FOR



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

FILED

00 DEC 11 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000032907

1. Corporation Name

HOTELPLAN NORTH AMERICA, INC.

Principal Place of Business

Mailing Address

1990 NE 163RD ST. SUITE 110
MIAMI BEACH FL 33162

1990 NE 163RD ST. SUITE 110
MIAMI BEACH FL 33162



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-091-2628

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MUELLER, HERBERT	1990 NE 163RD ST, SUITE 110	MIAMI BEACH FL 33162
VD	MUELLER, LEEANNE	1990 NE 163RD ST, SUITE 110	MIAMI BEACH FL 33162

300003509303--5
-12/20/00--01084--014
****150.00 ****150.00

00 432 18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MUELLER, HERBERT
1990 NE 163RD ST, SUITE 110
MIAMI BEACH FL 33162

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Mueller Herbert
1990 N.E. 163rd ST. SUITE 110
110
NORTH MIAMI BEACH FL 33162

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 11-25-00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-00

Date

561 308 2622

Daytime Phone #

Handwritten: #Hotelplan *PAK 20/12*

TO WHOM IT MAY CONCERN:

Recently I received a notice of "administrative dissolution or revocation" from your department in the mail. This took me rather by surprise, as it is the first piece of mail in respect to this matter. It was also obvious, that the said piece of mail had reached me with considerable delay.

I do apologize for the further delay, but when it finally was brought to my attention I was