

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000107527

**FILED**  
**Oct 26, 2010**  
**Secretary of State**

**Entity Name:** ORLANDO HOSPITALITY GROUP, INC.

**Current Principal Place of Business:**

C/O HULYA ATLI  
100 S. EOLA DR. #1209  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

C/O HULYA ATLI  
100 S. EOLA DR. #1209  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-3614188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATLI, M. KEMAL  
100 S. EOLA DR. #1029  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** HULYA ATLI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** ATLI, M. KEMAL  
**Address:** 100 S. EOLA DRIVE #1029  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** DV  
**Name:** ATLI, KENAN ONDER  
**Address:** 100 S. EOLA DRIVE #1029  
**City-St-Zip:** ORLANDO, FL 32801

**Title:** S  
**Name:** ATLI, HULYA  
**Address:** 100 S. EOLA DR #1209  
**City-St-Zip:** ORLANDO, FL 32801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** HULYA ATLI

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OFFI

10/26/2010

\_\_\_\_\_  
Date