

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV -4 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S58479

1. Corporation Name  
Hospitality Properties, Inc.

Principal Place of Business Mailing Address  
1119 So. St.  
Key West, FL 33040

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

2. New Principal Office Address, If Applicable  
1119 South Street

3. New Mailing Address, If Applicable  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida  
6-06-91

City & State  
Key West FL  
Zip 33040 Country Monroe

City & State  
Zip Country

5. FEI Number  
650267861

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|------------|-------------------------------------|---|----------------------|
| PT/D       | Myron Hammond                       | 1119 South St.  | Key West FL 33040    |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |
|            |                                     |   |                      |

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\*\*\*\*S83.75 \*\*\*\*S83.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Myron Hammond  
1119 South St.  
Key West FL 33040

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date 11-4-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 corporation name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. 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:

Myron Hammond 11-4-96 305.2963978