

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV 10 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V25142

1. Corporation Name

CARIBBEAN HOSPITALITY SERVICES, INC.

Principal Place of Business

Mailing Address

5340 NO. FEDERAL HWY
SUITE 205
LIGHTHOUSE POINT FL 33064
US

5340 NO. FEDERAL HWY
SUITE 205
LIGHTHOUSE POINT FL 33064
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/1992

5. FEI Number

65-0330229

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)

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
DP	OTTINGER, JACK W	5340 NO FEDERAL HWY., SUITE 205	LIGHTHOUSE POINT FL 33064
DST	OTTINGER, DEBORH D	5340 NORTH FEDERAL HIGHWAY, #205	LIGHTHOUSE POINT FL 33064

100002345151--0
-11/12/97--01098--007
***165.00 ***165.00

8. Name and Address of Current Registered Agent

OTTINGER, JACK W
5340 NO FEDERAL HWY
SUITE 205
LIGHTHOUSE POINT FL 33064

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 3 Nov 1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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.

JACK W. OTTINGER, PRES.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 Nov 1997

Date

427-5488

Daytime Phone #

CR2ED40 (8/97)



November 3, 1997

Florida Department of State
Sandra B. Mortham
Secretary of State
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Attached please find Document #F47673 completed and accompanied by a check in the amount of \$165.00 as directed by your office telephonically this date.

We repeat that we did not receive the original document to complete and suggest that it is probably due to our move to this location. please be sure that your labeling has our suite #205 on the address since this is multi-company office.

We thank you for your attention to these documents.

Very truly yours,


Carol Ann Zuma, CHAE
Financial Officer

Encl.

CARIBBEAN HOSPITALITY SERVICES, INC.
Providing Management, Marketing & Reservation Services to the Caribbean

5340 North Federal Highway, Suite 205 • Lighthouse Point, Florida 33064-7058
(305) 427-5400 • Fax: (305) 427-5401 • Telex: 170000 C.H.S.