


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION FOR REINSTATEMENT



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

FILED

98 JUL -9 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 534429

1. Corporation Name
Blue Lagoon, Inc.

Principal Place of Business Mailing Address

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

000002583320--3

2. New Principal Office Address, If Applicable 5800 Blue Lagoon Dr.		3. New Mailing Office Address, If Applicable 2 Overhill Road.		4. Date Incorporated or Qualified To Do Business in Florida 5/20/77	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 420		5. FEI Number 13-8409478	
City & State Miami FL		City & State Scarsdale NY		Applied For Not Applicable	
Zip 33126	Country USA	Zip 10583	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pres	John F. Lehodey	2 Overhill Road# 420	Scarsdale NY 10583
VP	Randal Sokolik	2 Overhill Road # 420	Scarsdale NY 10583
Sec	Jeffrey S. Held	2 Overhill Road # 420	Scarsdale NY 10583

REINSTATEMENT 9-1-98
7/19/98

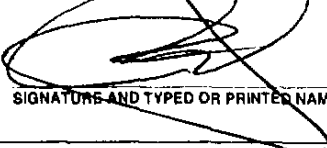
8. Name and Address of Current Registered Agent Peter Robinson 3101 North Roosevelt Key West FL 33040		9. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	
---	--	---	--

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 By: **Vicki Schreiber** REGISTERED AGENT MUST SIGN **Asst. V.P.** Date **7/7/98**

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.

SIGNATURE:  **RANDAL A. SOKOLIK** 7/6/98 (914) 725-5055
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



2

15th July 1998

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

2 Overhill Road, Suite 420
Scarsdale, NY 10583
Tel: 914 725 5055
Fax: 914 725 6147

RE: Blue Lagoon Inc. (Formerly Hudson Associates)

Via Telefax: 212-299-9102

Dear Ms Diaz:

Please note that Blue Lagoon Inc, and Blue Lagoon Limited Partnership are related companies within the Accor North America group. Blue Lagoon Inc. is a 100 percent subsidiary of Miotel, and Blue Lagoon Limited Partnership is owned 97.5 percent by Miotel and 2.5 percent by Blue Lagoon Inc. Thus the name should be available for both entity's use.

Please see that this information is passed on to the proper authorities.

Thank you in advance for your assistance. Should you have any questions or if you need any additional information, please call Hugh Carpenter or myself at 914-725-5055

Sincerely:



Randal A. Sokolik
Vice President of Finance and Administration

Enc.

3



ACCOUNT NO. : 072100000032
REFERENCE : 882230 4356821
AUTHORIZATION : Patricia Pignatelli
COST LIMIT : \$ 1711.25

ORDER DATE : July 7, 1998
ORDER TIME : 11:59 PM
ORDER NO. : 882230-010
CUSTOMER NO: 4356821

RESUBMIT
Please give original
submission date as file date.

CUSTOMER: Mr. Hugh Carpenter
Accor North America
2 Overhill Road
Suite 420
Scarsdale, NY 10453

DOMESTIC FILINGS

000002588820--31

NAME: BLUE LAGOON INC.
FORMERLY HUDSON ASSOCIATES

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest
EXAMINER'S INITIALS

UB
18-98

DIVISION OF CORPORATION
98 JUL -9 AM 10: 02
98 JUL -9 PM 1: 51