

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

F01000005765

FILED
 03 OCT 27 PM 3:58
 TALLAHASSEE, FLORIDA

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 10/29/03--01065--001 **900.00

CORPORATION REINSTATEMENT

FLORIDA SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **F01000005765**

1. Corporation Name
Pacific Hospitality Group Inc.

2. Principal Office Address
1785 Hancock St
 Suite, Apt. #, etc.
100
 City & State
San Diego, CA
 Zip
92110 Country
USA

3. Mailing Office Address
1785 Hancock St.
 Suite, Apt. #, etc.
100
 City & State
San Diego, CA
 Zip
92110 Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
11/06/2001

5. FEI Number
33-0627812 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Para Corp Incorporated

Street Address (P.O. Box Number is Not Acceptable)
236 East 6th Avenue

Suite, Apt. #, Etc.

City
Tallahassee State
FL Zip Code
32303

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent see attached Date _____
 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
5 →	Deepak Israni, Secretary of General PARTNER	1785 Hancock St Suite 100	San Diego, CA 92110

REINSTATEMENT 2002-2003

(Signature)

10. 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: Deepak Israni Date 10-23-03 Daytime Phone # 619-296-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deepak Israni

CR2E081 (10/02)

F01000005765

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

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TALLAHASSEE, FLORIDA

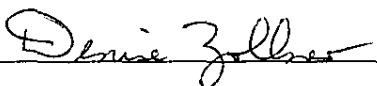
DATE: 10/27/03

ENTITY NAME: Pacifica Hospitality Group Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
236 East 6th Avenue
Tallahassee, FL 32303

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in that capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Denise Zollner, Assistant Secretary
Paracorp Incorporated