PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

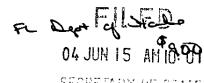
DOCUMENT # F96000002823

1. Corporation Name

CORAL GABLES FLORIDA HOTEL CORP.

Principal Place of Business

Mailing Address



SECRETARY OF STATE TALLAHASSIE, FLORIDA

14180 DALLAS PARKWAY SUITE 700 14180 DAL DALLAS TX 75240 DALLAS TX			AS PAHKWAY SUITE 700 75240			REINS	ALSEN			
If above	addresses are incorrect in any way, line t	hrough incorrect in	nformation ar	nd enter o	orrection below.	0000		<u> </u>	05-09	
New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable							orated or Qualified			
4185 Dallas Ptuy 14185			Dallas Pers			To Do Business in Florida 06/04/1996				
Suite, Apt. #, etc. Suite, Apt. #,			e (150			5. FEI Number Applied For				
City & State City & State			2 ((30			1 6E_0667014		Not Applicable		
Danas To Dana						6.	¢o.		nal Fee required	
Zip 75	354 Country	Zip 75	254	Country در کی		CERTIFICATE			cate of Status	
7. Names	s and Street Addresses of Each Officer ar	d/or Director (Flo	rida nonprofi	it corpora	tions must list at lea	ast 3 directors)				
Title(s) 1	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip				
PD	FISHER, RICHARD L	299 PARK AVENUE			NEW YORK NY 10017					
VSD	EDELMAN, MARTIN L	280 PARK AVENUE				NEW YORK NY 10017				
VT	KIMICHIK, DAVID	14180 DALLAS PKWY			DALLAS TX 75240					
٧	BROOKS, DAVID A	14180 DALLAS PKWY			DALLAS TX 75240					
VD	LELAND, MARC	1001 19TH STREET N			ARLINGTON VA 22209					
VD	BENNETT, MONTY	14180 DALLAS PKWY				ARLINGTON VA 75240				
Name and Address of Current Registered Agent				9. Name and			Address of New Registered Agent			
Name										
THE PRENTICE-HALL CORPORATION SYSTEM, INC.					Street Address (I	treet Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET										
SUITE 105				Suite, Apt. #, Etc.			00379822. 0401050002	**900.	ກາ	
TALLAHASSEE FL 32301										
					City		FI	Zip Cod	1 0	
10. I, bei	ng appointed the registered agent of the a	bove named corp	oration, am f	amiliar wi	th and accept the o	bligations of Sect	ion 607.0505, F.S. or 617.050	5, F.S.		
Signature Registere	e of Jawa R	S DE LA COMPANIA DEL COMPANIA DE LA COMPANIA DEL COMPANIA DE LA CO	ENT MUST	-		Date	4			
	ify that I am an officer or director or the re-									

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VT