

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FL Dept of State FILED
 04 JUN 15 AM 10:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002823**

1. Corporation Name

CORAL GABLES FLORIDA HOTEL CORP.

Principal Place of Business

Mailing Address

14180 DALLAS PARKWAY SUITE 700
 DALLAS TX 75240

14180 DALLAS PARKWAY SUITE 700
 DALLAS TX 75240

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

14185 Dallas Pkwy
 Suite, Apt. #, etc.

14185 Dallas Pkwy
 Suite, Apt. #, etc.

City & State
Ste 1150
Dallas TX

City & State
Ste 1150
Dallas TX

Zip Country
75254 USA

Zip Country
75254 USA

4. Date Incorporated or Qualified To Do Business in Florida

06/04/1996

5. FEI Number

65-0667014

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	4 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
V	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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

000037982228
 06/15/04--01050--002 **900.00

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. or 617.0505, F.S.

Signature of Registered Agent

Laura P. Dwyer

REGISTERED AGENT MUST SIGN

Date

6/11/04

11. 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:

David Kimichik
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR vt of GP

6-9-04

Date

972-778-9283

Daytime Phone #

CR2E040 (7/03)