PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT			EPARTMENT OF STATE cretary of State on of Corporations	FILED 2007 DEC 19 PM 2: 59 SECURL LARY OF STATE		
DOCUMENT # P05000102336 1. Corporation Name] T	TALLAHASSEE, FLORIDA	
PARK SUITES 905 CORP						
2. Principal Office Addre	ress - No P.O. Box #	3. Mailing Office	e Address	┨ ┈		
2600 Dougl			iglas Rd.	KE	INSTATEMENT	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		1) P J J	
Suite 1100		Suite 1100			orated or Qualified 07/21/2005	
City & State Coral Gables, FL		City & State Coral Ga	City & State Coral Gables, FL		20-3185213 Applied For	
^{Zip} 33134	Country USA	33134	Country	6. CERTIFICATE	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						
Name T. Currian				The rei	The reinstatement fee is imposed, except in	
Jorge L. C	JUFIAII lox Number is Not Acceptable			circums	stances which the entity did not receive	
2600 Dougl		<i>-</i>			or notices. By checking this box, you rtifying the prior notices were not	
Suite, Apt. #, Etc. Suite 1100				receive	ed and requesting the reinstatement waived.	
Coral Gables			FL Zip Code 33134			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob- Signature of Registered Agent REGISTERED AGENT MUST SIGN				obligations of section	Date 12/11/2007	
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	
PD Migue	DD Miguel Angel Corral		2600 Douglas Rd. Suite 1100		Coral Gables, FL 33134	
			400113256534 12/19/07-01:09-012 ***300.00			
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 contained in Chapter 119, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						

Jorge L. Gurian, P.A.

December 11, 2007

Division of Corporations State of Florida Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: PARK SUITES 905 CORP. (P05000102336)

To Whom It May Concern:

Enclosed please find the Corporate Reinstatement Report for PARK SUITES 905 Corporation. The annual Uniform Business Report had not been filed previously because the principal officer/director had never received the renewal package during calendar year 2006. Upon becoming informed of the need to file a Uniform Business Report, he of course was willing to comply with same and as such we provide the enclosed in conjunction with payment for the year 2006 & 2007.

We therefore respectfully request that you accept this filing as timely and classify the corporation as active and in accordance with the rules and regulations of the State of Florida. In addition, we have taken measures to ensure that this issue does not occur in subsequent years by correcting the address for the company and the registered agent information.

Thank you very much for your anticipated understanding and cooperation in this matter.

Very-truly yours,

J**OR**GE L. GURIAN

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Enclosure