

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

1997 NOV -3 AM 11:16

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

①

DOCUMENT # **P92000007831**

1. Corporation Name
HIALEAH HOTEL, INC.

Principal Place of Business 2 N RIVERSIDE PLAZA CHICAGO IL 60606 TH	Mailing Address 2 N RIVERSIDE PLAZA CHICAGO IL 60606 TH
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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		4. Date Incorporated or Qualified To Do Business in Florida 11/30/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 36-3857719	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	ROSENBERG, SHELL Z ROSENBERG, SHELI Z.	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606
DPT DPT	GREENBERG, ARTHUR A	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606
VT	FIELD, NORMAN M	2 N RIVERSIDE PLZ	CHICAGO IL
VP V	ATHAS, GUS PEZZELLA, JERRY	2 N RIVERSIDE PLAZA	CHICAGO IL
S	BOBHOWSKI, SUSAN DBUCHOWSKI, SUSAN	2 N RIVERSIDE PLZ	CHICAGO IL

REINSTATEMENT 9/29/97 11/6/97

8. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, Etc. 800002335888--2 City State FL Zip Code	
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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: *Karen B. Rozar*
 REGISTERED AGENT MUST SIGN **Karen B. Rozar, As Its Agent** Date

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)(j), 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: *Norman Field* **NORMAN FIELD** Date **10/29/97** (312) 906-6848
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/97)

(2)



ACCOUNT NO. : 072100000032
 REFERENCE : 585313 4326611
 AUTHORIZATION : *Patricia T...*
 COST LIMIT : \$ 750.00

ORDER DATE : October 31, 1997
 ORDER TIME : 9:27 AM
 ORDER NO. : 585313-005
 CUSTOMER NO: 4326611
 CUSTOMER: Ms. Linda Pantano
 Great American Management And
 Two North Riverside Plaza
 11th Floor
 Chicago, IL 60606

DOMESTIC FILINGS

NAME: HIALEAH HOTEL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Deborah Schroder
 EXAMINER'S INITIALS _____

RECEIVED
 97 NOV -3 AM 10:42
 DIVISION OF CORPORATION