

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 99 SEP 27 PM 2:11  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P 93000012081

1. Corporation Name  
 COMPOSTELA HOTEL, INC.

Principal Place of Business	Mailing Address
940 COLLINS AVENUE SURFSIDE, FL 33154	940 COLLINS AVENUE SURFSIDE, FL 33154

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2-17-93	
City & State		City & State		5. FEI Number	
Zip		Country		65-0389571	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				S8 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
D/P/T/S	FRANCISCO CLODOMIR ROCHA GIRAO	940 COLLINS AVENUE	SURFSIDE, FL 33154

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 \*\*\*3017.50 \*\*\*1508.75

**REINSTATEMENT** 94-99

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOHN H. FRIEDHOFF 175 N.W. FIRST AVENUE 11TH FLOOR MIAMI, FLORIDA 33128-1835	Name JOSEPH B. RYAN, ESO. Street Address (P.O. Box Number is Not Acceptable) 250 BIRD ROAD Suite, Apt. #, Etc. SUITE 216 City CORAL GABLES State FL Zip Code 33146

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: *Joseph B. Ryan* REGISTERED AGENT MUST SIGN Date: 9/22/99

11. This corporation owes 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)(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: *F. C. Rocha Girao*  
 FRANCISCO CLODOMIR ROCHA GIRAO, PRESIDENT  
 T. LEWIS SEP 29 1999  
 9/22/99  
 Date Daytime Phone #

CR2E001 (12/98)