

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 6:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031107

1. Corporation Name

INVERRARY RESORT & HOTEL CORPORATION

Principal Place of Business

3501 INVERRARY BLVD.  
LAUDERHILL FL 33319-5999

Mailing Address

100 W. CYPRESS CREEK RD  
SUITE 700  
FT. LAUDERDALE FL 33309  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/29/1993

5. FEI Number

65-0406095

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	GAMEL, JOEL	20355 N.E. 34 CT., PENTHOUSE	AVENTURA FL
VPT	SHARABY, ELLIOTT	6601 PARK HEIGHTS AVE.	BALTIMORE MD
AVP	GREENSPOON, GERALD	100 WEST CYPRES CREEK ROAD	FT. LAUDERDALE FL

8. Name and Address of Current Registered Agent

GREENSPOON, GERALD  
GREENSPOON, MARDER, HIRSCHFELD & RAFKIN  
100 W. CYPRESS CREEK ROAD, STE. 700  
FT. LAUDERDALE FL 33309

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc. 100002730521-1  
City 01/05/99-01075-009  
\*\*\*\*7501 State \*\*\*\*750.00  
FL

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

*[Signature]*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/3/98

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)(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:

*[Signature]*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/17/98

Daytime Phone #