

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000049202

1. Corporation Name

FLORIDA HOTEL CORPORATION

Principal Place of Business

1775 COLLINS AVE.
MIAMI BEACH FL 33139

Mailing Address

1775 COLLINS AVE.
MIAMI BEACH FL 33139

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

06/23/1995

5. FEI Number

65-0595272

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	ZARRILLI, KENNETH F JR.	1775 COLLINS AVE.	MIAMI BEACH FL 33139
VT	ZARRILLI, MICHAEL	C/O 1775 COLLINS AVE.	MIAMI BEACH FL 33139
			600004659516--5 -10/30/01--01070--006 ****450.00 ****150.00
			014BR 78

8. Name and Address of Current Registered Agent

ZARRILLI, KENNETH F JR
1775 COLLINS AVE
MIAMI FL 33139

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

10/11/01

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:

[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

305 612 1125

CR2040 (8/01)



11 October 2001

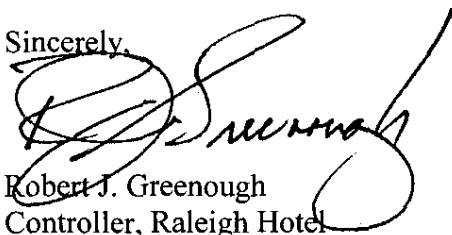
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam;

I have just assumed the position of Controller of The Raleigh Hotel. As such, I would appreciate any assistance and cooperation you may render in this matter. Upon receiving the three notices of dissolution that are enclosed, I inquired of the General Manager of the property who insists that the originals were never received. I would like to ask that the reinstatement fees in this matter be waived if at all possible.

Thank you very much.

Sincerely,



Robert J. Greenough
Controller, Raleigh Hotel

cc: file

