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SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 125886 125886

1. Corporation Name
PENNSYLVANIA HOTEL BOND HOLDERS INC

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
300 4TH STREET NORTH	300 4TH STREET NORTH
Suite, Apt. #, etc.: SUITE 400	Suite, Apt. #, etc.: SUITE 400
City & State: ST. PETERSBURG	City & State: ST PETERSBURG
Zip: 33701 Country: USA	Zip: FL Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/1932

5. FEI Number: 590520187 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: W. DAVID MOORE

Street Address (P.O. Box Number is Not Acceptable): ~~300 4TH STREET NORTH~~ 1068 LAKE BALDWIN LANE

Suite, Apt. #, Etc.: ~~SUITE 400~~

City: ~~ST PETERSBURG~~ ORLANDO State: FL Zip Code: ~~33701~~ 32814

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Titles/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
P/D	W. DAVID MOORE	~~300 4TH STREET N., SUITE 400~~	~~ST PETERSBURG, FL 33701~~
V/D	VICTORIA F MOORE	~~300 4th STREET N., SUITE 400~~	~~ST PETERSBURG, FL 33701~~
		1068 LAKE BALDWIN LANE	ORLANDO, FL. 32814

10. I certify that I am an officer or director of the corporation 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 revocation 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 contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: W. DAVID MOORE 2/9/05 407/475-0800
SIGNATURE AND TYPED OR PRINTED NAME OF ASSIGNED OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954)527-2428
Fax Number : (954)764-4996

CORPORATION REINSTATEMENT

PENNSYLVANIA HOTEL BONDHOLDERS INC

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