

FACSIMILE AUDIT NO.: H03000050343 0

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 12 AM 11:15

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 125886

1. Corporation Name

PENNSYLVANIA HOTEL BONDHOLDERS, INC.

2. Principal Office Address

300 4th Street North

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

Zip

33701

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/32

5. FEI Number

590520187

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

Suite, Apt. #, etc.

SUITE 400

City

ST. PETERSBURG,

State
FLZip Code
33701

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.

Signature of
Registered Agent

Date 2/12/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
PO	MOORE, W. DAVID	300 4th Street North, #400	St. Petersburg, FL 33701
VD	MOORE, VICTORIA F.	300 4th Street North, #400	St. Petersburg, FL 33701

10. I certify that I am an officer or director or the resolver 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)(b), 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:

W. DAVID MOORE, PRESIDENT

2/12/03

(727) 502-5192

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Florida Department of State
Division of Corporations
Public Access System

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From: Account Name : DELOACH & HOFSTRA, P.A.
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CORPORATION REINSTATEMENT
PENNSYLVANIA HOTEL BONDHOLDERS INC

Certificate of Status	0
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