

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR -3 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # 179565

1. Corporation Name **Claughton Hotels, Inc.**

500005289515--3  
-04/17/02--01047--010  
\*\*\*1243.75 \*\*\*1243.75

2. Principal Office Address

**80 S. W. 8th St.**  
Suite, Apt. #, etc.  
**#2203**

3. Mailing Office Address

**Same**  
Suite, Apt. #, etc.

REINSTATEMENT 00-02

City & State

**Miami, FL**

City & State

Zip Country

Zip Country  
**33130**

4. Date Incorporated or Qualified To Do Business in Florida **7/9/54**

5. FEI Number  
**590722962**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**Richard Kanner**

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

**1408 Brickell Bay Dr. #1008**

Suite, Apt. #, Etc.

City

**Miami,**

State

**FL**

Zip Code

**33131**

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

*[Signature of Richard Kanner]*

REGISTERED AGENT MUST SIGN

Date **2/19/02**

9. Names and Street 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	<b>Edward N. Claughton</b>	<b>80 S. W. 8th St.</b>	<b>Miami, FL33130</b>
VP/D	<b>Lois H. Claughton</b>	<b>Same</b>	
T/D	<b>Suzanne C. Schmidt</b>	<b>Same</b>	

10. 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 of Edward N. Claughton]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-02**  
Date

**828-963-6583**  
Daytime Phone #

CR2E081 (9/01)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Cloughton Hotels, Inc.

2. The mailing address of the corporation : 80 S. W. 8th St. #2203  
Miami, FL 33130

3. Date of incorporation/qualification: 7/9/54 Document number: 179565

4. The name and address of the current registered agent and office:

Corporation Administration

Disolved 9/22/2000

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

Richard Kanner

1408 Brickell Bay Dr. #1008

Miami, FL 33131

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Edward N. Cloughton Pres.  
(Signature of an officer, chairman or vice chairman of the board)

2/19/02

(Date)

Edward N. Cloughton President  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]  
(Signature of Registered Agent)

2/21/02  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***