PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLET	ING THIS FORM.	
APPLICATION OF FORON	FLORIDA DEPARTME Sandra B. Mo Secretary of 6	rtham			
REINSTATEMENT	DIVISION OF CORPO	RATIONS		FILED	
DOCUMENT # 534429  1. Corporation Name			98 J	UL -9 PM 1:43	
Blue Lagoon, Inc	•		SLON TALL	RETAILLY OF STATE AHASSEE, FLORIDA	
Principal Place of <b>Bus</b> iness	Mailing Address		1		
			0000	025833203	
If above addresses are incorrect in any way, line throat. New Principal Office Address, If Applicable	3. New Mailing Office Address, If 2 Overhill Road		4. Date Incorp	orated or Qualified	
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite 420		<del>1.</del>		905 Sin Florida	
City & State	City & State		5. FEI Numbe 13-8	Applied For Not Applicable	
Miami FL Country	Scarsdale NY		6. CERTIFICATI	\$8.75 Additional Fee required	
33126 USA 7. Names and Street Addresses of Each Officer and		JSA ations must list at lea	<u></u>	for a Certificate of Status	
Title(s) Name of Officers and/or Directors 1 2	Str	reet Address of Each ficer and/or Director se Post Office Box N	1	City / State / Zip	
Pres John F. Lehodey	2 Overh	ill Road	# 420	Scarsdale NY 10583	
VP Randal Sokolik	2 Overh	ill Road	# 420	Scarsdale NY 10583	
Sec Jeffrey S. Held	2 Overhil	l Road #	<b># 420</b>	  Scarsdale NY 10583	
				.0	
			DEIMS	TATEMENT AND A PO	
			· · · · · · · · · · · · · · · · · · ·		
8. Name and Address of Current F	legistered Agent		9. Name and A	 Address of New Registered Agent	
3101 North Roosevelt. Street A		Corporation	tion Service Company		
		Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
rea mest II 33040		Suite, Apt. #, Etc.			
:		City Tallahasse		State Zip Code FL 32301	
10. I, being appointed the registered agent of the above Corporation Servi		th and accept the ob	oligations of Section	on 607.0505, F.S.	
Registered Agent By:	GISTERED AGENT MILET CION			Date7/7/98	
Vicki Schreiber RE  11. This corporation owes or ha		sst. V.P.			
Intangible Personal Property	y tax due June 30.	Yes XX	No 🗆	(See other side for information on intangible tax.)	
12. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolowed by the corporation have been part and the number on this application is true and accurate, and my sign	ulion has been eliminated, the corpo	rate name setisfies t	he requirements :	of section 607 0401 or 617 0401 E.S. that all food	
	nature shall have the same legal effe	ect as if made under	an exemption und oath.	er section T19.07(3)(i), F.S. The Information Indicated	





15th July 1998

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Blue Lagoon Inc. (Formerly Hudson Associates)

2 Overhill Road, Suite 420

Scarsdale, NY 10583 Tel: 914 725 5055

Fax: 914 725 6147

Via Telefax:

212-299-9102

Dear Ms Diaz:

Please note that Blue Lagoon Inc., and Blue Lagoon Limited Partnership are related companies within the Accor North America group. Blue Lagoon Inc. is a 100 percent subsidiary of Miotel, and Blue Lagoon Limited Partnership is owned 97.5 percent by Miotel and 2.5 percent by Blue Lagoon Inc. Thus the name should be available for both entity's use.

Please see that this information is passed on to the proper authorities.

Thank you in advance for your assistance. Should you have any questions or if you need any additional information, please call Hugh Carpenter or myself at 914-725-5055

Sincerely:

Randal A. Sokolik

Vice President of Finance and Administration

Enc.



ACCOUNT NO. : 072100000032

REFERENCE :

882230

4356821

AUTHORIZATION

COST LIMIT : \$ |711.25

ORDER DATE: July 7, 1998

ORDER TIME : 11:59 PM

ORDER NO. : 882230-010

CUSTOMER NO: 4356821

CUSTOMER: Mr. Hugh Carpenter

Accor North America

2 Overhill Road

Suite 420

Scarsdale, NY 10453

RESUBMIT

Please give original submission date as file date.

## DOMESTIC FILINGS

000002583320--3

NAME:

BLUE LAGOON INC.

FORMERLY HUDSON ASSOCIATES

AM IO: 02 DRPORATIO

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS