PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED

Ft. Lauderdale, FL Calgary, Alberta 59-1771872 No. Zip Country USA Zip Country Country Country Canada Certificate of STATUS DESIRED S8.75 Additional for a Certificate of STATUS DESIRED S8.7	0.00
2. Principal Office Address 2150 S.E. 17th Street Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip Country T2G 2H8 Canada 10/10/0301036012 ***150 ADJUNT OFFICE Address 120-1212-1st Street S.E. 4. Date Incorporated or Qualified To Do Business in Florida 08/12/77 5. FEI Number 59-1771872 Aprincipal Office Address City & State Country T2G 2H8 Country Country Canada CERTIFICATE OF STATUS DESIRED \$8.75 Additional for a Certificate Country Country Canada	03
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33316 USA T2G 2H8 Canada CERTIFICATE OF STATUS DESIRED S8.75 Additional for a Certificate	plied For t Applicable
	Fee required e of Status
7. Name and Address of Current Registered Agent	
NRAI Services, Inc.	
Street Address (P.O. Box Number is Not Acceptable)	
526 East Park Avenue	
Suite, Apt. #, Etc.	
Tallahassee, State Zip Code FL 32301	
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	
REGISTERED AGENT MUST SIGN	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
TDS Samuel Switzer 202 4th Avenue S.W. Calgary, Alberta Canada T26	52HВ
CFO Donald Ballance 120-1212 1st Street S.E. Calgary, Alberta Canada T20	3 2H8
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 where 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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	



Best Western Marina Inn & Yacht Harbor

Florida Department of State Division of Corporations Attn: Corporation Reinstatement P.O. Box 6327 Tallahassee, Florida 32314

RE: Marina Motor Inn Enterprises, Inc. (the "Corporation")

Document No.: 542935

Dear Sir or Madam:

Please accept and file the enclosed executed Corporation Reinstatement form for the above-referenced Corporation. Also, enclosed is my check for \$150.00, payable to the Department of State for the 2003 Uniform Business Report filing fee. A 2003 Uniform Business Report was <u>not</u> received at the Corporation's principal/mailing address; therefore, please waive the reinstatement fee and costs.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at the following number (403) 205-3666.

Thank you in advance for your assistance.

Very truly yours,

Donald Ballance, C.A. Chief Financial Officer