

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -9 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006141

1. Corporation Name

7400 INTERNATIONAL DRIVE HOTEL & RESORT INC.

Principal Place of Business

C/O JP MORGAN CHASE
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669

Mailing Address

C/O JP MORGAN CHASE
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

C/O JP Morgan Chase
Suite, Apt. #, etc.
575 Washington Blvd. 21Fl.

3. New Mailing Office Address, If Applicable

c/o JP Morgan Chase
Suite, Apt. #, etc.
575 Washington Blvd., 21Fl.

City & State

Jersey City, New Jersey

City & State

Jersey City, New Jersey

Zip

07310-1680

Country

USA

Zip

07310-1680

Country

USA

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/2001

5. FEI Number

13-4192310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75-Additional Fee required
for a Certificate of Status

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

Title(s)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DP

MCDONAGH, JOHN P

380 MADISON AVE, 9TH FLOOR

NEW YORK NY 10017

V

HARRINGTON, JOSEPH H JR

380 MADISON AVENUE, 9TH FLOOR

NEW YORK NY 10017

~~S~~

~~SANDERS, CURTIS O~~

~~52 BROADWAY, 3RD FLOOR~~

~~NEW YORK NY 10004~~

S

Marie Y. Joseph

575 Washington Blvd., 21Fl

Jersey City, NJ 07310-1680

T

CAMPBELL, KENTON A

~~52 BROADWAY, 3RD FLOOR~~
575 Washington Blvd., 21 FL.

~~NEW YORK NY 10004~~
Jersey City, NJ 07310-1680

V

DOUGLAS T. OGLE

575 Washington Blvd., 21Fl.

Jersey City, NJ 07310-1680

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

500008820225

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

11/06/02--01037--015 **750.00

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Jonathan R. Giddings
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

12/19/02

11. 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: Kenton A. Campbell, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/28/02 601595-6870