

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F94000004606

1. Corporation Name

JACKSONVILLE PT HOTEL CORPORATION

Principal Place of Business

Mailing Address

3003 SUMMER ST.  
STAMFORD SQUARE  
STAMFORD CT 06904-7900

C/O GEIC R/E TAX DEPT  
P.O. BOX 120073  
STAMFORD CT 06912-0073

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

C/O CSC, 1201 Hays St.

Tallahassee

FL

32301

4. Date Incorporated or Qualified  
To Do Business in Florida

09/06/1994

5. FEI Number

06-1405146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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
1	2	3	4
DVS	STRONE, MICHAEL J	3003 SUMMER STREET	STAMFORD CT 06904
P	WIEDERECHT, DAVID W	3003 SUMMER STREET	STAMFORD SQUARE CT 06904
VT	LEVANTI, STEPHEN J	3003 SUMMER STREET	STAMFORD CT 06904

400003429854--3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS ST.  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of  
Registered Agent

*Carol K. Dolor* Carol K. Dolor

Date October 18, 2000

REGISTERED AGENT MUST SIGN

Assistant V.P.

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:

*Michael J. Strone* Michael J. Strone

10/17/00

203-326-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (8/00)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 868013 8630A

AUTHORIZATION : *Patricia P.*

COST LIMIT : \$ 750.00

ORDER DATE : October 18, 2000

ORDER TIME : 10:43 AM

ORDER NO. : 868013-020

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gept  
GE INVESTMENT CO. (REAL ESTATE  
GE INVESTMENT CO. (REAL ESTATE  
Registered Agent Department  
2711 Centreville Rd  
Wilmington, DE 19808

DOMESTIC FILING

NAME: JACKSONVILLE PT HOTEL  
CORPORATION

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
OCT 19 AM 11:21  
NOT RECORDED  
NO KNOWLEDGE  
SECURITY OF FILING