

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F95000001256

1. Corporation Name

COCONUT GROVE 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

32301

C/O CSC 1201 Hayes St.

Tallahassee, FL ~~32301~~

REINSTATEMENT

80

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1995

5. FEI Number

06-1419025

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	WIEDERECHT, DAVID W	3003 SUMMER ST.	STAMFORD CT 06904
VSD	STRONE, MICHAEL J	3003 SUMMER ST.	STAMFORD CT 06904
VT	LEVANTI, STEPHEN J	3003 SUMMER ST.	STAMFORD CT 06904

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES 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

Asst. 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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/00 203-326-2300

KE

202



ACCOUNT NO. : 072100000032

REFERENCE : 868013 8630A

AUTHORIZATION :

*Patricia Pizutto*

COST LIMIT : \$ 750.00

ORDER DATE : October 18, 2000

ORDER TIME : 10:32 AM

ORDER NO. : 868013-010

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: COCONUT GROVE 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  
30 OCT 19 PM 3:12  
DEPARTMENT OF STATE  
CORPORATIONS  
DIVISION  
TALLAHASSEE, FLORIDA