

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 JAN 22 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000000653

1. Corporation Name

EXECUSTAY, INC.

Principal Place of Business

Mailing Address

5610 NW 12TH AVE # 204
FT. LAUDERDALE, FL
33309

7595 RICKENBACKER DRIVE
GAITHERSBURG, MD 20879

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

20879

MONTGOMERY

4. Date Incorporated or Qualified To Do Business in Florida

10/5/88

5. FEI Number

52-1597758

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

SB 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES/D	GARY R. ABRAHAMS	948 FARM HAVEN DRIVE	ROCKVILLE, MD 20852
TREAS/D	MARC B. KAPLAN	1707 SUNRISE DRIVE	POTOMAC, MD 20854
SECRE/D	ROBERT N. ZAUGG	19916 MASTENBROOK PLACE	GAITHERSBURG, MD 20879

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200002412673-23

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

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

Marc B. Kaplan
REGISTERED AGENT MUST SIGN

Date 01 09 98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Marc B. Kaplan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/98 (301) 948-4888
Date Daytime Phone