

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
reinstatement fees: 45  
04 OCT 21 AM 9:45  
\$900.-  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 96 00000 2822

1. Corporation Name

Key West Florida Hotel Corp

2. Principal Office Address

14185 Dallas Pkwy

Suite, Apt. #, etc.

1150

City & State

Dallas TX

Zip

75234

Country

USA

3. Mailing Office Address

14185 Dallas Pkwy

Suite, Apt. #, etc.

1150

City & State

Dallas TX

Zip

75234

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

6-1-96

5. FEI Number

65-0667008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

The Prentice-Hall Corporation System inc

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

1201 Hays Street

Suite, Apt. #, Etc.

105

City

Tallahassee

State

FL

Zip Code

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

Cynthia L. Harris  
as its agent

Cynthia L. Harris  
as its agent

Date

10/17/04

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Fisher, Richard L.	299 Park Ave.	ny, ny 10017
USD	Edelman, Martin L.	280 Park Ave.	ny, ny 10017
VT	Kimichuk, David	14185 Dallas Pkwy	Dallas TX 75234
V	Brooks, David	↓	100042073781 10/21/04--01061--015 **900.00
VD	Leland, Marc	1001 19th St. N.	Arlington VA 22209
VD	Bennett, Monty	14185 Dallas Pkwy	Dallas TX 75234

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-04

Date

972-778-9283

Daytime Phone #

CR2E081 (01/04)