

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

01 NOV 14 PM 3:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** F97000005434

**1. Corporation Name**

Diplomat Resort Properties, Inc.

**2. Principal Office Address**

805 15th St. NW

Suite, Apt. #, etc.

Suite 1120

City & State

Washington, DC

Zip

20005

Country

USA

**3. Mailing Office Address**

805 15th St. NW

Suite, Apt. #, etc.

Suite 1120

City & State

Washington, DC

Zip

20005

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

10/15/97

**5. FEI Number**

52-2055587

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 2001**

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

Name

CT Corporation System

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State  
**FL**

Zip Code  
33324

600004696376-9  
-11/28/01--01016--000  
\*\*\*\*750.00 \*\*\*\*750.00

**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

CT Corporation System

By:

**PETER F. SOUZA**  
ASSISTANT SECRETARY

Date

11/12/01

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
D/P	Francis X. Lilly	805 15th St. NW, #1120	Washington, DC 20005
D/V	Samuel Halpern	805 15th St. NW, #1120	Washington, DC 20005
D/S	Richard Schmidt	805 15th St. NW, #1120	Washington, DC 20005

**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:**

Samuel Halpern / Samuel Halpern

Date

11/1/01

Daytime Phone #

202-  
898-  
2270