

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # G30521

1. Corporation Name

BEST VALUE INNS OF MIAMI, INC.

2. Principal Office Address

5255 BISCAYNE BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

5255 BISCAYNE BLVD.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33137

Country

US

Zip

33137

Country

US

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

4. Date Incorporated or Qualified

To Do Business in Florida 02-23-83

5. FEIN Number

59-2271656

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

Jeanne Liu

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

5255 Biscayne Blvd.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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

Jeanne Liu

REGISTERED AGENT MUST SIGN

Date **3-23-01**

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
P/S	Jeanne C C Tsai Liu	5255 Biscayne Blvd	Miami, Fl. 33137

REINSTATEMENT

[Signature]

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:

Jeanne Liu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-01

Date

305 861-2766

Daytime Phone #