

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		K01751	
1. Corporation Name		Karena Hotels, Inc.	
Principal Place of Business		Mailing Address	
7100 Lake Ellenor Drive Orlando, Florida 32809		SF	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, if Applicable P.O. Box 593869 Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable (same as no. 2) Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32859	Country USA	Zip	Country
4. Data Incorporated or Qualified To Do Business in Florida		11/12/87	
5. FEI Number 59-2930585		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Dir. & Pres.	Stephen R. Smith	33 Heathfield	Royston Heats. SG85 BN England
V.P. & Secy.	Robert W. Schafer, Jr.	3907 Quando Drive	Orlando, Florida 32812
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Robert W. Schafer, Jr. 3907 Quando Drive Orlando, Florida 32812		Name N/A Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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		Date	
Robert W. Schafer, Jr.		11/2/98	
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (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:		11/2/98 011-44-171-438-2519	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	
Stephen R. Smith, Director and President			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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REINSTATEMENT

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