PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FO FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FOR Secretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 96 DEC 10 PH 1: 34 K69132 DOCUMENT # SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name THE PONCE DE LEON HOTEL () TROPATION Principal Place of Business Mailin 55 1721 PONCE DE LEON BLVD. 1721 POKUT DE LEON BLVD. CORAL GABLES FL 33134 CORAL GABLES FL 32134 US If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, Il Applicable 3. New Mailing Office Address, If Applicable Date incorporated or Qualified To Do Business in Florida 02/28/1989 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For **NOT APPLICABLE** City & State City & State Not Applicable Zip Country Zip Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Title(s) Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip -PVI THORNTON, RICHARD 1331 S.W. 93PD COURT PART F PVTD Mary Ellen 1721 PONCE de Leon Blud Coral Gables Thornton THORNTON, RICHARD 1891-6:W. 99RD-66URT MANN FL D'Aquino Kamona 1721 Ponce de Leon Blvd Gables Fl 33134 MS Coral 300002025633---12/11/96--01023--014 ****375.00 ****375.00 REINSTATEME 8. Name and Address of Current Registered Agent THORNTON, MICHARD Thorn ton, Mary Ellen 1721 PONCE DE LEON BLVD. **CORAL GABLES FL 33134** ida Coral 10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, **SUGUERED** Signature of Registered Agent REGISTERED AGENT MUST SIGN 11: Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Yes X No Dept. of Revenue under S. 199.032, Florida Statutes. 12. I cartify 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 cartify that when filling 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

SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under eath.

SIGNATURE

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