

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

10f 2

APPROVED
AND
FILED

98 JUL -8 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L67484

1. Corporation Name
Marina Park Hotel Management Inc.

Principal Place of Business
**340 Biscayne Blvd
Miami FL 33132**

Mailing Address

REINSTATEMENT 97-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4/24/1990	
City & State		City & State		5. FEI Number	
Zip		Zip		22-3039780	
Country		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Pr	John F. Lehodey	2 Overhill Rd # 420	Scarsdale NY 10583
VP	Randal A. Sokolik	2 Overhill Rd # 420	Scarsdale NY 10583
Sec	Jeffrey S. Held	2 Overhill Rd # 420	Scarsdale NY 10583

DB
7-9-98

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Paul Barnes 1570 Madrugh NE Coral Gables FL 33416		Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	

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 By: Vicki Schreiber **Corporation Service Company** REGISTERED AGENT MUST SIGN **Asst. V.P.** Date 7/7/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (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: RANDAL A. SOKOLIK **7/6/98** **914-725-5055**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 882230 4356821

AUTHORIZATION :

COST LIMIT : \$ 900.00

Patricia Pizzuti

ORDER DATE : July 7, 1998

ORDER TIME : 11:59 AM

ORDER NO. : 882230-005

CUSTOMER NO: 4356821

CUSTOMER: Mr. Hugh Carpenter
Accor North America
2 Overhill Road
Suite 420
Scarsdale, NY 10453

RESUBMIT
Please give original
submission date as file date.

DOMESTIC FILINGS

100002583321--0

NAME: MARINA PARK HOTEL MANAGEMENT
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS

JB
78-98

DIVISION OF CORPORATE REGISTRATION

98 JUL -9 AM 9:02-9 PM 1:50

2012