

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 23 PM 12:22

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
US

Mailing Address

2 OVERHILL RD.
420
SCARSDALE NY 10583
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

245 Port Avenue

Suite, Apt. #, etc.

City & State

New York NY

Zip

10167

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1990

5. FEI Number

22-3039780

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4 City / State / Zip
P	LEHODEY, JOHN F	2 OVERHILL RD. #420 245 Port Ave	SCARSDALE NY 10583 New York NY 10167
VP	SOKOLIK, RANDAL A Betsy, Daniel	2 OVERHILL RD. #420 245 Port Ave	SCARSDALE NY 10583 New York NY 10167
S	HELD, JEFFREY S	2 OVERHILL RD. #420 245 Port Ave	SCARSDALE NY 10583 New York NY
			600003099106--5 -01/14/00-01065-014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

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

John A. Pelletier
REGISTERED AGENT MUST SIGN

Date

12/16/99

11. 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:

John A. Pelletier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/9/99

Daytime Phone #

CR2E040 (8/99)