

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
*Kathleen Harris*  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L67484**

1. Corporation Name

**MARINA PARK HOTEL MANAGEMENT, INC.**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

340 BISCAYNE BLVD.  
MIAMI FL 33132  
US

Mailing Address

*PARK*  
245 *PARK* AVENUE  
NEW YORK NY 10167  
US



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

04/24/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

22-3039780

Applied For

Not Applicable

City & State

City & State

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	<i>PARK</i> 245 <i>PARK</i> AVENUE	NEW YORK NY 10167
VP	BERRY, DANIEL	<i>PARK</i> 245 <i>PARK</i> AVENUE	NEW YORK NY 10167
S	HELD, JEFFREY S	<i>PARK</i> 245 <i>PARK</i> AVENUE	NEW YORK NY 10167
			300003491363--9 -12/08/00--01022--000 ****150.00 ****150.00

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

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

*DANIEL BERRY*  
SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

*DANIEL BERRY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/20/00

Daytime Phone #

(212)  
699-5958

CR2E040 (800)



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November 20, 2000

**North America  
Corporate Headquarters**

245 Park Avenue  
New York, NY 10167

**Tel: 212 949 5700**

**Fax: 212 490 0499**

**e-mail: info\_na@accor-hotels.com**

**Reservations**

**Hotels:**

**1 800 SOFITEL**

**1 800 NOVOTEL**

**Sofitel**

**Novotel**

**Mercure**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: Marina Park Hotel Management, Inc.  
Document #: L67484**

Madame/Sirs:

Enclosed is the executed Application for Reinstatement and a check for the original filing fee in the amount \$150.00. Your office advised me that the original application was returned to you undeliverable due to incorrect street address. Please note that our mailing address is 245 Park Avenue, 26<sup>th</sup> Floor, New York, NY 10167.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Daniel Berry  
VP – Finance & Administration

Encl.