

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 21 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M60707

1. Corporation Name

THE MORALES HOTELS U.S.A., INC.

Principal Place of Business

Mailing Address

18001 COLLINS AVE
NO. MIAMI FL 33160

18001 COLLINS AVE
NO. MIAMI FL 33160

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/1987

5. FEI Number

65-0017667

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED I

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DCB	MORALES-MOLINA, GERMAN	18001 COLLINS AVENUE	N. MIAMI BEACH, FL
VPD	MORALES, ALEJANDRO	18001 COLLINS AVENUE	N. MIAMI BEACH FL
TD	MORALES, JUAN M	18001 COLLINS AVENUE	N. MIAMI BEACH FL
D	MORALES, MARIA	18001 COLLINS AVENUE	N. MIAMI BEACH FL
D	MORALES, MAURICIO	18001 COLLINS AVENUE	N. MIAMI BEACH FL

8. Name and Address of Current Registered Agent

MORALES, GERMAN JR.
18001 COLLINS AVENUE
NORTH MIAMI BEACH, FL 33160

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

600003082496--9

-12/28/99--01011--008

****750.00 ****750.00

State Zip Code

FL

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

SIGNATURE REQUIRED
(REGISTERED AGENT MUST SIGN)

Date

Dec 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec. 6/99

Daytime Phone #

305-932-1800

KE