

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 00 JAN 18 AM 10:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # M65106

1. Corporation Name

PALM BEACH HOSPITALITY, INC.

Principal Place of Business

Mailing Address

8605 S.E. Federal Hwy
 Hobe Sound, FL 33455 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 09-2000

4. Date Incorporated or Qualified To Do Business in Florida

1/19/88

5. FEI Number

65-0025842

Applied For
 Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTSD	Nazir Kassam	8605 S.E. Federal Hwy	Hobe Sound, FL 33455
			300003111819--4 -01/26/00--01108--024 ****750.00 ****750.00
			300003111819--4 -01/26/00--01108--025 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

Abdul F. Esmail
~~8605 S.E. Federal Hwy.~~
 Hobe Sound, FL 33455

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City 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

Abdul F. Esmail

Abdul F. Esmail REGISTERED AGENT MUST SIGN

Date

1/13/2000

11. This corporation owes 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)(b), 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.

EXECUTED BEHALF OF ME AT THE CITY OF KANNOOKS, B.C. THIS 6TH DAY OF JANUARY, 2000.

SIGNATURE:

Nazir Kassam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Nazir Kassam

JAN. 6/2000

Date

Daytime Phone #

