

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000089629

1. Corporation Name

Three Village Hotels, Inc

2. Principal Office Address - No P.O. Box #

3700 NE 28th Avenue

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

3. Mailing Office Address

3700 NE 28th Avenue

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33064

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/21/2000

5. FEI Number
52-2268411

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 South Pine Island Road Team 1

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara A. Burke

Barbara A. Burke

Date

8-26-08

REGISTERED AGENT MUST SIGN

Special Assistant Secretary

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ronald Franklin	3700 NE 28th Ave	Lighthouse Point, FL 33064
D	Richard Vilardo	13217 Ridge Dr	Rockville, MD 20850

RH

REINSTATEMENT

10. 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 contained in Chapter 119, 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:

Ronald Franklin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Franklin 9/1/08

Date

Daytime Phone #

954
788-2393

FILED

08 SEP 18 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/18/08--01041--017 **1200.00

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