

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 26 AM 9:55

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000104020

1. Corporation Name

STRATEGIC HOSPITALITY GROUP, CORP.

**REINSTATEMENT 06-07**

CR2E081 (1/07)

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

5838 Collins Ave

3. Mailing Office Address

5838 Collins Avenue

Suite, Apt. #, etc.

12E

Suite, Apt. #, etc.

City & State

Miami Beach

City & State

FL

Zip

33140

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/13/2004

5. FEI Number

20 1360334

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael B. Jacobs

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

5838 Collins Avenue

Suite, Apt. #, Etc.

12E

City

Miami Beach

State

FL

Zip Code

33140

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/7/07

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
CEO	Michael B. Jacobs	5838 Collins Ave	Miami Beach, FL 33140
Presid	Chor Hagschi	"	"

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12/26/07--01038--014 \*\*300.00

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/7/07

Daytime Phone #

305-372-0664