2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000130752

LEE, JOHN S

40 WEST 37 STREET

NEW YORK, NY 10018

Name:

Address:

City-St-Zip:

Entity Name: FOUR WAY HOTEL CORP.

FILED Dec 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8101 AIRCENTER CT 1850/MCCOY RD ORLANDO, FL 32809 **Current Mailing Address: New Mailing Address:** 8101 AIRCENTER CT 1850/MCCOY RD ORLANDO, FL 32809 US FEI Number: 20-3529717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHANG, JUM S 8101 AIRCENTER CT 1850/MCCOY RD ORLANDO, FL 32809 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: CHANG JUM S Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CHANG, JUM S Name: Name: 7205 HAWKSNEST BLVD Address: Address: City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: GOMEZ. WILFREDO Name: 13128 COLDWATER LOOP Address: Address: CLERMONT, FL 34711 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CHANG, KWAN C Name: Name: 7205 HAWKSNEST BLVD Address: Address: City-St-Zip: ORLANDO, FL 32809 US City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILFREDO GOMEZ VD 12/03/2009