

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV -3 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000007831

1. Corporation Name

HIALEAH HOTEL, INC.

Principal Place of Business

2 N RIVERSIDE PLAZA
CHICAGO IL 60606
TH

Mailing Address

2 N RIVERSIDE PLAZA
CHICAGO IL 60606
TH

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

4. Date Incorporated or Qualified
To Do Business in Florida

11/30/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3857719

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
DV	ROSENBERG, SHELL Z ROSENBERG, SHELL Z.	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606
DPT DPT	GREENBERG, ARTHUR A	2 N. RIVERSIDE PLAZA	CHICAGO IL 60606
VT	FIELD, NORMAN M	2 N RIVERSIDE PLZ	CHICAGO IL
VP V	ATHAS, GUS PEZZELLA, JERRY	2 N RIVERSIDE PLAZA	CHICAGO IL
S	BOHOWSKI, SUSAN DUBCHOWSKI, SUSAN	2 N RIVERSIDE PLZ	CHICAGO IL

REINSTATEMENT

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc. 800002335888--2
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

REGISTERED AGENT MUST SIGN

Date

Karen B. Rozar, As Its Agent

11. This corporation owes or has paid 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NORMAN FIELD

Date

Daytime Phone #

10/29/97 (312) 906-6848

CR2040 (8/97)



ACCOUNT NO. : 072100000032

REFERENCE : 585313 4326611

AUTHORIZATION :

COST LIMIT : \$ 750.00

ORDER DATE : October 31, 1997

ORDER TIME : 9:27 AM

ORDER NO. : 585313-005

CUSTOMER NO: 4326611

CUSTOMER: Ms. Linda Pantano
Great American Management And
Two North Riverside Plaza
11th Floor
Chicago, IL 60606

DOMESTIC FILINGS

NAME: HIALEAH HOTEL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder
EXAMINER'S INITIALS _____

RECEIVED
97 NOV -3 AM 10:42
DIVISION OF CORPORATION