

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 22 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000027921

1. Corporation Name

PARAMOUNT AND SAVOY HOTELS (FLORIDA), INC.

Principal Place of Business

Mailing Address

502 NE 106 ST
MIAMI SHORES FL 33138
US

P.O. BOX 530785
MIAMI FL 33153-0785

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

04/15/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0419383

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED SS 75.00

Zip

Country

Zip

Country

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	4 City / State / Zip
CPD	GULER, CHRISTIAN	PO BOX 530785 (N/A)	MIAMI BEACH FL 33153
STV	DORN, MICHAEL C	502 NE 106 ST	MIAMI SHORES FL 33138
D	HERRLIN, KJELL	PO BOX 530785 (N/A)	MIAMI FL 33153
D	AGNOLI, MARK	PO BOX 530785 (N/A)	MIAMI FL 33153
REINSTATEMENT			919 TS

688002050446--0
-12/03/99--01089--011
*****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DORN, MICHAEL C
502 NE 106 ST
MIAMI SHORES FL 33138

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

688002050446--0
-12/03/99--01089--012
*****75 *****75

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 Michael C. Dorn **REQUIRED**
REGISTERED AGENT MUST SIGN

Date Nov 11, 1999

11. 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: Michael C. Dorn **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICHAEL C. DORN, VP

Date 11/11/99 Daytime Phone # 305-469-5747

CZ02040 (8/99)