

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 JUL -6 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000057742**

1. Corporation Name
EXEL HOTEL MANAGEMENT, CORP.

Principal Place of Business: **800 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118**
Mailing Address: **19052 NE 29TH AVENUE AVENTURA FL 33180**

300002936963--1
-07/20/99--01097--002
***158.75 ***158.75
300002936963--1
-07/20/99--01097--001

2. New Principal Office Address, If Applicable: **4101 N. Andrews Ave. Suite 114 Ft. Lauderdale FL 33309 USA**
3. New Mailing Office Address, If Applicable: **4101 N. Andrews Ave. Suite 114 Ft. Lauderdale FL 33309 USA**

4. Date Incorporated or To Do Business In Florida: **06/13/1993**
5. FEI Number: **65-0444632**
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PST	KATZ, DAVID	19052 NE 29TH AVE 4101 N. Andrews Ave	AVENTURA FL 33180 Ft. Lauderdale, FL 33309
V	JAFFEE, MORRIS	19052 NE 29TH AVE.	AVENTURA FL 33180 Delete
DST V	JOYCE L. KATZ	19370 COLLINS AVE 4101 N. Andrews Ave	MIAMI BCH FL 33180 Ft. Lauderdale, FL 33309
S	KOBERT, ILENE	19052 NE 29TH AVE.	AVENTURA FL 33180 Delete

REINSTATEMENT 98-99 LTS

8. Name and Address of Current Registered Agent
**KOBERT, ILENE
19052 NE 29TH AVE
AVENTURA FL 33180**

9. Name and Address of New Registered Agent
Name: **David Katz**
Street Address (P.O. Box Number is Not Acceptable): **4101 N. Andrews Ave**
Suite, Apt. #, Etc.: **Suite 114**
City: **Ft. Lauderdale** State: **FL** Zip Code: **33309**

(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: *[Signature]* Date: **4/26/99**
REGISTERED AGENT MUST SIGN

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]* 4/26/99 954 63044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E040 (9/98)