PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
98 MAY 11 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000068645**

1. Corporation Name

RADISSON HOTELS INTERNATIONAL - LATIN AMERICA, INC.

Principal Place of Business	Mailing Address
1001 ~~BAYSHORE DR~~ Brickell Bay Dr 2210 MIAMI FL 33131 US	1001 ~~BAYSHORE DR~~ Brickell Bay Dr 2210 MIAMI FL 33131 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97-98

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Same as mailing	1001 Brickell Bay Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2210
City & State	City & State Miami, FL
Zip / Country	Zip 33131 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/1993

5. FEI Number: 65-0446360 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	CHEHAB, EMILE S.	1001 ~~BAYSHORE DR~~ 2210 Brickell Bay Drive	MIAMI FL
ST	ESTEFAN, CARLOS M.	1001 ~~BAYSHORE DR~~ 2210 Brickell Bay Drive	MIAMI FL
		400002524414--2 -05/14/98--01123--012	****908.75 ~~****908.75~~

8. Name and Address of Current Registered Agent

FRIEND, RICHARD E
% SEMET, LICKSTEIN, MORGENSTERN, ETAL
201 ALHAMBRA CIRCLE SHITE 1200
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name: Richard Razook
Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue
Suite, Apt. #, Etc.: 17th Floor
City: Miami | State: FL | Zip Code: 33131

CR2E040 (8/97)

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] REGISTERED AGENT MUST SIGN — Date: 4/18/98

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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #