PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P93000085115 DOCUMENT #

1. Corporation Name

Libert and Street Street

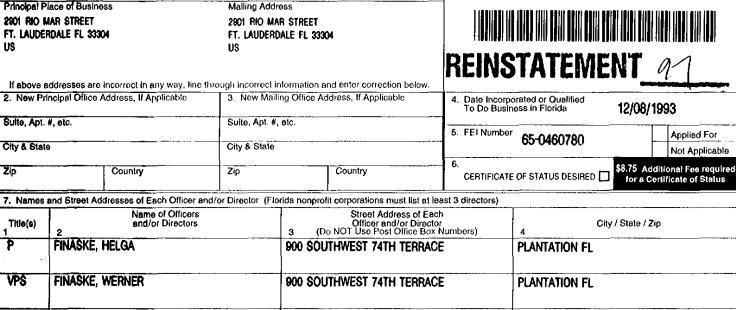
是是是一个时代,这种是一个时间,我们就是我们的时候,我们就是我们的一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们也是一个时间,我们也会会 一个时间,一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时

HOTEL FINASKE, INC.



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SECREMANTY O STATE TALLAMASSES, FLORIDA



9. Name and Address of New Registered Agent
9. Name and Address of New Registered Agent
s (P.O. Box Number is Not Acceptable) Étc.
State Zip Code
e obligations of Section 607.0505, F.S. Date 12. 29. 97
É

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:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.29.97 (954) 566-6662

Daylime Phone #