


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		800002616868--4 -08/17/98--01001--004 *****8.75 *****8.75 FILED 98 AUG 14 PM 3:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P94000019631					
1. Corporation Name WOODBIDGE, A HOTEL COMPANY, INC.					
Principal Place of Business		Mailing Address			
3618 EXECUTIVE DRIVE PALM HARBOR, FLORIDA 34685					
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	
See Above 3618 Executive Dr		See Above 3618 Executive Dr		March 14, 1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				54-322 8994	
City & State		City & State		Applied For	
Palm Harbor FL		Palm Harbor FL		Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
34685	USA	34685	USA		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
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		
PSTD	Susan K. Lauffer	3618 Executive Dr.	Palm Harbor, FL 34685		
D	Robert E. Wiggins	334 East Lake Rd. #136	Palm Harbor FL 34685		
D	Stephanie Karpiak	11914 Darlington Avenue #2	Los Angeles, CA 90049		
D	William Karpiak	11914 Darlington Avenue #2	Los Angeles, CA 90049		
REINSTATEMENT 97-98					
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
Susan K Lauffer 3618 Executive Drive Palm Harbor, Florida 34685			Name Robert E. Wiggins, Esq. Street Address (P.O. Box Number is Not Acceptable) 36402 U.S. Highway 19 N. Suite, Apt. #, Etc. Semin Professional Center City Palm Harbor State FL Zip Code 34684		
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 Robert E. Wiggins REGISTERED AGENT MUST SIGN			Date 8/14/98		
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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)(j), 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: Robert E. Wiggins SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			TLL AUG 1 A 1998 8/14/98 (727) 771-8842 Date Daytime Phone #		

CR2E040 (1/98)