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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS01 FEB 26 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000024925

1 Corporation Name

STIRLING HOSPITALITY, INC.

Principal Place of Business

Mailing Address

77 N HIBISCUS DR
MIAMI BEACH FL 3313977 N HIBISCUS DR
MIAMI BEACH FL 33139

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

2 New Principal Office Address, if Applicable

3 New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

03/25/1994

SP

5 FEI Number

65-0562520

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PSD	BOHN, LOLA Thomas, Lola	77 N HIBISCUS DR	MIAMI BEACH FL 33139
D	THOMAS, MICHAEL LEON	77 N. HIBISCUS DR	MIAMI BEACH FL 33139

8. Name and Address of Current Registered Agent

BOHN, LOLA
77 N HIBISCUS DR
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

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

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/21/01

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 807 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(9)(g), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/21/01

305 538 6710

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 922-4004

From: *Andrew Dunston*

Account Name : GREENBERG TRAUIG (WEST PALM BEACH)
Account Number : 075201001473
Phone : (561) 650-7900
Fax Number : (561) 655-6222

CORPORATION REINSTATEMENT**STIRLING HOSPITALITY, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$908.75