

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000044187

1. Entity Name
TROPIC CAY MERRIMAC BEACH HOTEL INC.



FILED
05 NOV 17 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE, FL 33304**

Mailing Address
**551 NORTH ATLANTIC BLVD.
FT. LAUDERDALE, FL 33304**

2. Principal Place of Business
529 N. Atlantic Blvd

3. Mailing Address
529 N. Atlantic Blvd

Suite, Apt. #, etc.
Ft. Lauderdale, Ft 3

Suite, Apt. #, etc.
Ft.

City & State
Ft. Lauderdale, FL 33304

City & State
Ft. Lauderdale, FL

Zip
33304

Country
USA

Zip
33304

Country
USA

10052005 REIN-P CR2E098 (6/04)

4. FEI Number
65-0499120

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ASHOK, DALAL A
1266 N E 167TH ST
NORTH MIAMI, FL 33167**

7. Name and Address of New Registered Agent

Name
Nitin Motwani

Street Address (P.O. Box Number is Not Acceptable)
2400 E Las Olas Blvd # 324

City
Ft. Lauderdale

FL

Zip Code
33301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
MOTWANI, RAMOLA
551 N. ATLANTIC BLVD.
FT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☒ Change ☐ Addition
Motwani, Ramola
2400 E Las Olas Blvd # 324
Ft. Lauderdale, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
200061522412
11/17/05--01048--015 **750.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

[Handwritten Signature]