

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED 1/2

97 APR 10 AM 8:10

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # P94000087770

1. Corporation Name
GULF COAST ACCOMMODATIONS OF FLORIDA, INC.

Principal Place of Business 113 BAYBRIDGE DRIVE PENSACOLA BEACH FL 32561	Mailing Address 113 BAYBRIDGE DRIVE PENSACOLA BEACH FL 32561
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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 11/30/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3280228	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MACQUEEN, JULIAN B	113 BAYBRIDGE DRIVE	PENSACOLA BEACH FL 32561

600002142256--7
 -04/14/97--01094--013
 ****365.00 ****365.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MACQUEEN, JULIAN B 113 BAYBRIDGE DRIVE PENSACOLA BEACH FL 32561		Name 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 607.0605, F.S.
 Signature of Registered Agent: *[Signature]* Date: 4/7/97
 REGISTERED AGENT MUST SIGN

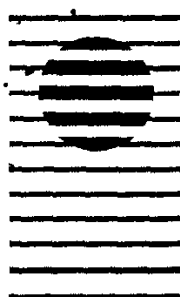
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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 118.07(3)(l), 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]* Date: 4/7/97 Daytime Phone #: 904 934 3609
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/96)

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Ms. Leslie Sellers
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Gulf Coast Accommodations of Fla, Inc
Document # P9400008770

7-Apr-97

Dear Ms. Sellers:

Per our telephone conversation, I am sending a check for \$365.00 to reinstate Gulf Coast Accommodations of Florida, Inc. As discussed, we mailed a check and the application on March 29, 1996 and assumed it was paid. When I recently received the Notice of Dissolution I checked into the matter and our records indicated the check was still outstanding and was lost in the mail. My accounting manager indicated she had received a mangled letter from the Post Office last week with both the check and application from a year ago, which explains why the check was outstanding. I'm enclosing a copy of the original check and application as well. I appreciate your assistance in this matter and am requesting a waiver of the penalty as discussed. Again, thanks for your help.

Sincerely,

1996 200.
1997 165.

365.

Jack C. Work

Innisfree Hotels

Corporate Controller A Development & Management Company
Bay Bridge Professional Park, Building 113 Gulf Breeze, FL 32561 904-934-3609 904-934-3896 FAX