PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED
96 NOV -4 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000022322

1. Corporation Name **ATLANTIC HOTELS, INC.**

| Mailing Address | Principal Place of Business |
|---|---|
| 8250 South Bayshore Drive<br>Unit 1544<br>Miami, Florida 33131 | 17001 Collins Avenue<br>North Miami Beach, FL 33160 |

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

200001998272--5
-11/07/96--01003--007
*******375.00 *****375.00**
DO NOT WRITE IN THIS SPACE

| 2. New Mailing Address, If Applicable | 3. New Principal Office Address, If Applicable |
|---|---|
| 17001 Collins Avenue | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: North Miami Beach, Florida | City & State |
| Zip: 33160 Country: US | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida: 20 March 1995

5. FEI Number: 65-056261 ☐ 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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| DP | Luis Criado | 17001 Collins Avenue | North Miami Beach, FL 33160 |
| DSTV | Ileana Chaviano | 17001 Collins Avenue | North Miami Beach, FL 33160 |
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| | | | |

REINSTATEMENT 1996

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 Almeria Avenue
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent

Name: 11-4-96

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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.

AMERILAWYER CHARTERED

Signature of Registered Agent By: _____ Date: 1 November 1996

REGISTERED AGENT MUST SIGN

Natalie Ugarte, Vice President

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Luis Criado, President

SIGNATURE: _____ 1 November 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (5/94)