

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 24 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000052149(8)

1. Corporation Name

ASTRAL HOSPITALITY MANAGEMENT, INC.

Principal Place of Business
400 BEACH ROAD, 103
TEQUESTA, FL 33469

Mailing Address
400 BEACH ROAD, 103
TEQUESTA, FL 33469

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

2. New Principal Office Address, If Applicable
704 LOCKWICK TERRACE
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
704 LOCKWICK TERRACE
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 6/30/95

City & State
PALM BEACH GARDENS, FL
Zip 33418 Country

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PALM BEACH GARDENS, FL
Zip 33418 Country

5. FEI Number 65-0597192 Applied For
Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$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
PST	GHALAM, HASSAN	400 BEACH ROAD, 103	TEQUESTA, FL 33469
PST	GHALAM, HASSAN	704 LOCKWICK TERRACE	PALM BEACH GARDENS, FL 33418
			800002157999--1 -04/29/97--01051--017 ****923.75 ****923.75
			JB4-25-97

8. Name and Address of Current Registered Agent

GHALAM, HASSAN
400 BEACH ROAD, 103
TEQUESTA, FL 33469

9. Name and Address of New Registered Agent

Name GHALAM, HASSAN
Street Address (P.O. Box Number is Not Acceptable)
704 LOCKWICK TERRACE
Suite, Apt. #, Etc.
City PALM BEACH GARDENS State FL Zip Code 33418

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

Hassan Ghalam
REGISTERED AGENT MUST SIGN

Date 4/21/97

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 119.07(3)(i), 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:

Hassan Ghalam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/3/97

Date Daytime Phone #

CP2E040 (12/96)