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
96 DEC 26 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000053708

1 Corporation Name

COURTYARD 23 CORPORATION

Principal Place of Business	Mailing Address
100 NORTH BISCAYNE BLVD. SUITE 504 MIAMI FL 33132	100 NORTH BISCAYNE BLVD. SUITE 504 MIAMI FL 33132

REINSTATEMENT 96CD

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
3615 NE 207 Street	3615 NE 207 Street
Suite, Apt. #, etc.: # 3312	Suite, Apt. #, etc.: # 3312
City & State: Aventura, FL	City & State: Aventura, FL
Zip: 33180 Country: Dade	Zip: 33180 Country: Dade

4. Date Incorporated or Qualified To Do Business in Florida: 07/12/1995

5. FEI Number: [X] 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)

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
~~D~~ VP,S,D	KROSE, GEORG	~~100 NORTH BISCAYNE BLVD., SUITE~~ 3615 NE 207 Street, # 3312	~~MIAMI FL 33132~~ Aventura, FL 33180
~~D~~	~~SCHUMANN, BERND~~	~~100 NORTH BISCAYNE BLVD., SUITE~~	~~MIAMI FL 33132~~
~~D~~ P,T,D	HOLLY, BERTHOLD	~~100 NORTH BISCAYNE BLVD., SUITE~~ 3615 NE 207 Street, #3312	~~MIAMI FL 33132~~ Aventura, FL 33180
			700002041107--3 -12/30/96--01041--007 ****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	Name: BERTHOLD HOLLY Street Address (P.O. Box Number is Not Acceptable): 3615 NE 207 Street Suite, Apt. #, Etc.: # 3312 City: AVENTURA State: FL Zip Code: 33180

CR2E040 (7/96)

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: [signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date: November 27, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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: [signature] President November 27, 1996 938-5733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003352 AF