

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 18 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074168

1. Corporation Name

PIONEER HOTELS, INC.

2. Principal Office Address

112 North Florida Avenue

Suite, Apt. #, etc.

City & State

DeLand, Florida

Zip

32720

Country

USA

3. Mailing Office Address

112 North Florida Avenue

Suite, Apt. #, etc.

City & State

DeLand, Florida

Zip

32720

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

September 26, 1995

5. FEI Number

59-3341916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Richard W. Taylor

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

112 North Florida Avenue

Suite, Apt. #, Etc.

City

DeLand,

State

FL

Zip Code

32720

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

RT

REGISTERED AGENT MUST SIGN

Date Feb 16 2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Amir Virani	700 Georgia Street, #2910	Vancouver B.C. V7Y 1B6

REINSTATEMENT 99-00 TS

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Feb 14 2000

Daytime Phone #