

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 30, 2004 8:00 A.M
Secretary of State

DOCUMENT # P95000084208

1. Corporation Name
MARATHON HOTEL, INC.

2. Principal Office Address
4000 N FEDERAL HIGHWAY

3. Mailing Office Address
1000 OMNI BLVD

Suite, Apt. #, etc.

SUITE 206

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

NEWPORT NEWS, VA

Zip

33431

Country

USA

Zip

23606

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 06/96

5. FEI Number

65-0621700

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

MACLAREN, LINDA O

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

798 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

SUITE 100

City

BOCA RATON,

State

FL

Zip Code

33432

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

Linda O. McLaren

REGISTERED AGENT MUST SIGN

Date 7/28/04

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
P	NICK ECONOMOS	4000 N. FEDERAL HWY STE 206	BOCA RATON FL 33431

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

7/27/04

Daytime Phone #

(787) 591-3519

CR2E081 (01/04)