PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 192

CORPORATION REINSTATEMENT

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

FILED
02 FEB 12 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****300.00 ****300.00

DOCUMENT # P95000096049

1. Corporation Name

INTERNATIONAL HOSPITALITY ADVISORS, INC

2. Principal Office Address	3. Mailing Office Address
2625 PONCE DE LEON BLVD.	SAME
Suite, Apt. #, etc. SUITE 280	Suite, Apt. #, etc. SAME
City & State CORAL GABLES, FL	City & State ~~FL~~ SAME
Zip 33134 Country USA	Zip SAME Country SAME

4. Date Incorporated or Qualified To Do Business in Florida 12/15/1995

5. FEI Number 65-0638567 ☐ 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: DEREK J. PINTO

Street Address (P.O. Box Number is Not Acceptable): 2625 PONCE DE LEON BOULEVARD.

Suite, Apt. #, Etc.: SUITE 280

City: CORAL GABLES State: FL Zip Code: 33134

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: Derek John Pinto
REGISTERED AGENT MUST SIGN

Date: 02/08/02

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.	DEREK J. PINTO	2625 PONCE DE LEON, S.280	CORAL GABLES FL 33134

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. This information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath.

X SIGNATURE: Derek John Pinto DEREK J. PINTO 02/08/02 305-444-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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February 18, 2002

Division of Corporations
Reinstatement Department
State of Florida
Tallahassee, Florida

Re: International Hospitality Advisors (FEI Number – 65-0638567)

To Whom It May Concern:

As per instructions received, the following letter with accompanying completed application and corporate checks request the reinstatement of International Hospitality Advisors, Inc.

Possibly due to a location change, we did not receive the 2001 notices and therefore request a waiver on the fee. Our new address is 2625 Ponce de Leon Boulevard, Suite 280, Coral Gables, Florida 33134.

Thank you for your prompt assistance in this matter.

Sincerely,

Derek J. Pinto
President

Enclosures

International Hospitality Advisors • 2625 Ponce De Leon Boulevard • Suite 280 • Coral Gables, Florida 33134
Telephone: 305.444.4491 • Facsimile: 305.444.4510 • www.IHAglobal.com