

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 25 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Spirit Theater Inc

300008049293--4

-09/26/02--01035--024

****450.00 ****450.00

2. Principal Office Address

804 Whitehead

Suite, Apt. #, etc.

101

City & State

Key West Fla

Zip

33040

Country

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

3/15/96

5. FEI Number

593373476

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

Tim Glancey

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

330 Elizabeth

Suite, Apt. #, Etc.

City

Key West

State
FL

Zip Code

33040

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

Tim Glancey

REGISTERED AGENT MUST SIGN

Date

9/23/2002

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

| | | | |
|-----------|--------------------|----------------------|--------------------------|
| <i>PR</i> | <i>Tim Glancey</i> | <i>330 Elizabeth</i> | <i>Key West FL 33040</i> |
| | | | |
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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

Tim Glancey

Date

9/23/02

407.

492-6366

Daytime Phone #

9/25/02

CR2E081 (9/01)

506 S.W. Washington at 5th Avenue
Portland, Oregon 97204

Telephone: 503-222-0001
Reservations: 800-711-2971
Facsimile: 503-222-0004

5TH AVENUE SUITES HOTEL



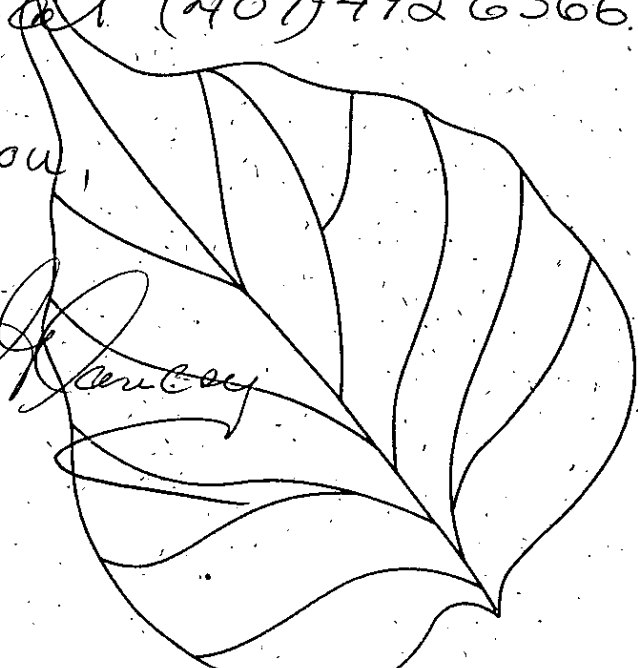
9/23/02

To whom it may Concern,

I hadn't received my annual
UBR. After speaking with your
office, I was informed that this
is the proper amount to get my
Corp. Reinstated. If there are
any questions or problems, please
contact me at (407) 492-6366.

Thank you,

J. J. [Signature]



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