

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P960000 27570

1. Corporation Name

Ganesh Hospitality, Inc.

2. Principal Office Address
5618 Vineland Rd.

Suite, Apt. #, etc.

City & State
Orlando, FL

Zip
32819

Country
USA

3. Mailing Office Address
**c/o Kaye Scholer, LLP
425 Park Avenue**

Suite, Apt. #, etc. **Attention:
Arthur Steinberg, Esq.**

City & State
New York, New York

Zip
10022

Country
USA

REINSTATEMENT 04

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/96

5. FEI Number
593380488

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

Robert D. Gatton

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

c/o Broad & Cassel, 390 N. Orange Ave.

Suite, Apt. #, Etc.

Suite 1100

City

Orlando

State
FL

Zip Code
32801

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

REGISTERED AGENT MUST SIGN

Date **12/7/2004**

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/S	W. Thomas Fleming	c/o The Tassis Schools, 1640 Wisconsin Ave., NW	Washington, D.C. 20007

500043206895
12/09/04--01058--015 **758.75

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

Dec 6, 2004

Daytime Phone #

CR2E081 (01/04)