PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -5 PM 5:48

CORPORATION REINSTATEMENT

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

99-01

REINSTATEMENT

DOCUMENT # P 97000013115

1. Corporation Name
Morris Resort & Hotel , Inc.

2. Principal Office Address	3. Mailing Office Address
767 Arthur Godfrey Road	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach ,Fl.33140	City & State
Zip: 33140 / Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/97

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Paul B.Steinberg

Street Address (P.O. Box Number is Not Acceptable): 767 Arthur Godfrey Road

Suite, Apt. #, Etc.

City: Miami Beach,Florida | State: FL | Zip Code: 33140

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 _____ Date 03/01/01

REGISTERED AGENT MUST SIGN

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
D	Massaglia,Michelino	767 Arthur Godfrey Road	Miami Beach,Fl. 33140

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.

AD

SIGNATURE: _____ MICHELINO MASSAGLIA 03/01/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : ACE INDUSTRIES, INC.
Account Number : 070744001530
Phone : (305)358-2571
Fax Number : (305)358-7832

CORPORATION REINSTATEMENT

MORRIS RESORT & HOTEL, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75