

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P970000 16325			
1. Corporation Name Oakridge Hospitality, Inc.			
2. Principal Office Address 77 North Hibiscus Dr Suite, Apt. #, etc. City & State Miami Beach, FL Zip 33139 Country USA		3. Mailing Office Address 77 North Hibiscus Dr Suite, Apt. #, etc. City & State Miami Beach, FL Zip 33139 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 2/17/1997	
		5. FEI Number 650731285	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Loia Thomas			
Street Address (P.O. Box Number is Not Acceptable) 77 N Hibiscus Dr			
Suite, Apt. #, Etc. 800004617048-8 -10/01/01--01014-024 ***308.75 ****308.75			
City Miami Beach		State FL	Zip Code 33139
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 Loia Thomas		Date 08/14/01	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D/S	Loia Thomas	77 N Hibiscus Dr	Miami Beach, FL 33139
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: Loia Thomas		954 325-3330	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 08/14/01	Daytime Phone #

FILED
Sep 17, 2001 8:00 A.M.
Secretary of State

REINSTATEMENT 00-01

CR2001 (9/00)