

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000099388**

1. Corporation Name

S&S HOTELS, INC.

Principal Place of Business

Mailing Address

201 S. BISCAYNE BLVD.
SUITE 2600
MIAMI FL 33131

201 S. BISCAYNE BLVD.
SUITE 2600
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

300 21st STREET
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

300 21st STREET
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FL

Zip **33139** Country **USA**

City & State
MIAMI BEACH, FL

Zip **33139** Country **USA**

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1997

5. FEI Number

050-79-7448

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee, required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PT	SPACE, KEITH	201 S. BISCAYNE BOULEVARD SUITE	MIAMI FL 33131
VS	SCASSERRA, MARTIN	201 S. BISCAYNE BOULEVARD SUITE	MIAMI FL 33131

100002724161--0
-12/29/98-01003-023
****758.75 ****758.75
B. 12/22/98

REINSTATEMENT

8. Name and Address of Current Registered Agent

TAGUE, BRIAN P
201 SOUTH BISCAYNE BOULEVARD
SUITE 2600
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **MARTIN F. SCASSERRA**

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

300 21st STREET

Suite, Apt. #, Etc.

City **MIAMI BEACH**

State **FL**

Zip Code **33139**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

MARTIN F. SCASSERRA
REQUIRED
REGISTERED AGENT MUST SIGN

Date **12/12/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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:

MARTIN F. SCASSERRA
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN F. SCASSERRA

12/2/98 **305-531-0031**
Date Daytime Phone #