

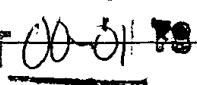

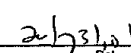


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P9800005884 ³⁰⁴					
1. Corporation Name HEYAT HOSPITALITY GROUP, INC.					
2. Principal Office Address 1 Grove Island Drive Suite, Apt. #, etc. 1206 City & State Coconut Grove, FL Zip 33133		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip		4. Date Incorporated or Qualified To Do Business in Florida 6/28/98 5. FEI Number 65-0851540 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Heyat, Bob Street Address (P.O. Box Number is Not Acceptable) 1 Grove Drive Suite, Apt. #, Etc. 1206 City Coconut Grove		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 7/31/01 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		
PRES	BOB HEYAT	ONE GROVE ISLE #1206	COCONUT GROVE, FL. 33133		
REINSTATEMENT 					
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:  BOB B. HEYAT: PRESIDENT  305-531-5270 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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