

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097626

1. Corporation Name

FIRST CAPITAL HOSPITALITY FINANCIAL GROUP, INC.

Principal Place of Business

1221 BRICKELL AVE. 9TH FL
MIAMI FL 33131

Mailing Address

1221 BRICKELL AVE. 9TH FL
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business In Florida

11/19/1998

5. FEI Number

65-0881037

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CHAIRMAN D	FRANK A. SELNA	6136 W. KIMBERLY WAY	GLENDAL, AZ 85308
PRESIDENT D	MARTIN H. BUEHLER	16711 COLLINS AVE, #2503	MIAMI BEACH, FL 33160
D	JOSEPH E HILL	8 PARK PLAZA, #232	BOSTON, MA 02116
DIRECTOR D	ROBERT L. CANNON	1272 E. CAMBRIDGE AVE APT	PHOENIX, AZ 85006
			900003026755--5 -10/27/99--01080--013 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Barry B. Young

REGISTERED AGENT MUST SIGN Assistant Secretary

Date

10/22/99

11. 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)(l), 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

Frank A. Selna

Date

10/22/99

Daytime Phone #

KE

CR2040 (8/99)