PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 18 AM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000097626

1. Corporation Name
First Capital Hospitality Financial Group Inc.

REINSTATEMENT 05-07

2. Principal Office Address	3. Mailing Office Address
1210 Washington Ave	1210 Washington Ave
Suite, Apt. #, etc.: 210	Suite, Apt. #, etc.: 210
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

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. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

000037437808
06/01/04--01022--008 **900.00
000037437808
06/01/04--01022--009 **8.75

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: NRAI Services, Inc. by: AGSM Hand NASST SEC Date: 5-18-04
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
Mr.	Frank A. Selna	26309 N. 45th Dr	Glendale, AZ 85310
Mr.	Martin H. Buehler	16711 Collins Avenue, Apt 2503	Sunny Isles Beach, FL 33160
Mr.	Joseph E. Hill	8 Park Plaza, #23	Boston, MA 02116
Mr.	Max Friedli	124 St. Mary's Street	Boston, MA 02215

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: Martin H. Buehler, CEO 5/14/04 305-695-9850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #