

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 30 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000048454

1. Corporation Name

NATIONS DEVELOPMENT HOTELS, INC

2. Principal Office Address

9500 S. Dadeland Blvd.

Suite, Apt. #, etc.

300

City & State

Miami, FL

Zip

33156

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/27/1999

5. FEI Number

651030098

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

Rafael Diaz-Cortes

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

9500 S. Dadeland Blvd.

Suite, Apt. #, Etc.

300

City

Miami

State

FL

Zip Code

33156

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 1/27/03

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	Rafael Diaz-Cortes	9500 S. Dadeland Blvd. Suite 300	Miami, FL 33156

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rafael Diaz-Cortes

1/27/03

Date

305-670-8405

Daytime Phone #

CR2E081 (10/02)

1/31



January 27, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Attached please find Corporation Reinstatement form, duly completed and signed.

For your information we did not receive the Notice for year 2002; therefore, since we want to reinstate our corporation, we were informed by your office today, to send this letter together with a check in the amount of \$300.00 (enclosed).

Also note that our address has changed. The new address is :

9500 S. Dadeland Blvd. Suite 300
Miami, FL 33156

If you need any further information, do not hesitate to contact me at: 305-670-8405 ext. 2402.

Thank you for your prompt attention to this matter.

Sincerely,



Rafael Diaz-Cortes
President

Enc.

NATIONS DEVELOPMENT HOTELS

999 PONCE DE LEON BLVD. SUITE 745
CORAL GABLES FL, USA