

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 30 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000094165**

1. Corporation Name
VINTAGE HOTELS CORPORATION

400004481454--5
-07/17/01--01092--017
****908.75 ****908.75

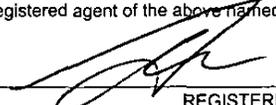
2. Principal Office Address 2 FENWICK ROAD		3. Mailing Office Address	
Suite, Apt. #, etc. 100		Suite, Apt. #, etc. - SAME -	
City & State FORT MONROE, VA		City & State	
Zip 23651	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/25/99	
5. FEI Number 59-3607416	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name GORHAM RUTTER		
Street Address (P.O. Box Number is Not Acceptable) 283 N. NORTHLAKE BLVD.		
Suite, Apt. #, Etc. 111		
City ALTAMONTE SPRINGS	State FL	Zip Code 32701

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.

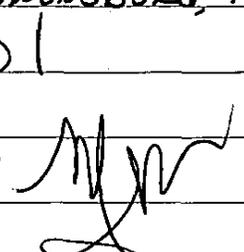
Signature of Registered Agent  Date **2-26-01**

REGISTERED AGENT MUST SIGN

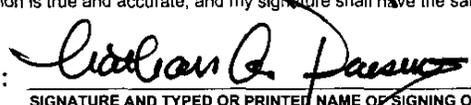
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VICE PRESIDENT & SECRETARY	C. JOHN KNORR	104 WOODHALL DRIVE	RICHMOND, VA. 23229
PRESIDENT	NATHAN A. ROESING	124 TROTWOOD DRIVE	CANONSBURG, PA. 15317

REINSTATEMENT **2001**



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:  **Nathan A. Roesing** Date **2/20/01** Daytime Phone # **412-596-4154**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/00)