

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 MAY 24 PM 3:18

**APPLICATION
 FOR
 REINSTATEMENT**

DOCUMENT # **S05218**

1. Corporation Name

27th AVE HOTEL, INC.

Principal Place of Business

Mailing Address

**8929 N.W. 27th AVE.
 MIAMI, FL. 33147**

**8929 N.W. 27th AVE.
 MIAMI, FL. 33147**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *AAAC*

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

10/8/90

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0230474

Applied For
 Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D.P.S.T.	SINGH, LARRY	8929 NW 27th AVE.	MIAMI, FL. 33147

800003236978-6
 -06/20/00-01042-016
 ****900.00 ****900.00

AAAC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LARRY SINGH
8929 NW 27th AVE
MIAMI FL 33147

Name **LARRY SINGH**
 Street Address (P.O. Box Number is Not Acceptable) **8929 NW 27th AVE.**
 Suite, Apt. #, Etc.
 City **MIAMI** State **FL** Zip Code **33147**

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

Larry Singh
 REGISTERED AGENT MUST SIGN

Date **4/21/00**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

LARRY SINGH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)