

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 25 PM 4:24

DOCUMENT # S06147

1. Corporation Name

TUDOR HOTEL ASSOCIATES, INC.

Principal Place of Business

Mailing Address

16450 NW 2ND AVE
MIAMI FL 33169
US

16450 NW 2ND AVE
MIAMI FL 33169
US

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

2. New Principal Office Address, If Applicable

3389 SHERIDAN STREET

3. New Mailing Office Address, If Applicable

3389 SHERIDAN STREET

Suite, Apt. #, etc.

415

Suite, Apt. #, etc.

415

City & State

HOLLYWOOD, FLORIDA

City & State

HOLLYWOOD, FLORIDA

Zip

33021

Country

U.S.A.

Zip

33021

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/11/1990

5. FEI Number

65-0225639

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COHEN, BEN	3515 N 30TH TERR	HOLLYWOOD FL

8. Name and Address of Current Registered Agent

COHEN, BENJAMIN
3515 N 30TH TERR
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/00

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)(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

Date

Daytime Phone #