

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |   |   |   |  |   |
|---|---|---|---|--|---|
| <b>APPLICATION<br/>FOR<br/>REINSTATEMENT</b>  |   | <br><b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sanjiv B. Matham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |   | <b>FILED</b><br><br><b>98 JAN 16 PM 2:11</b><br><br><b>SECRETARY OF STATE</b><br><b>TALLAHASSEE, FLORIDA</b> |   |
| <b>DOCUMENT #</b> <span style="font-size: 1.5em;">864965</span>   |   |   |   |  |   |
| 1. Corporation Name<br><br><div style="font-size: 1.2em; letter-spacing: 0.2em;">OMNI HOTELS INC.</div>   |   |   |   |  |   |
| Principal Place of Business<br><div style="font-size: 1.1em;">5225 US HWY 27 N<br/>DAVENPORT FL 33837</div>   |   |   | Mailing Address<br><div style="font-size: 1.1em;">5225 US HWY 27 N<br/>DAVENPORT FLORIDA<br/>33837</div>        |  |   |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |   |   |   |  |   |
| 2. New Principal Office Address, If Applicable<br><div style="font-size: 1.1em;">5225 US HWY 27 N</div>   |   | 3. New Mailing Office Address, If Applicable<br><div style="font-size: 1.1em;">5225 US HWY 27 N</div>               |   | 4. Date Incorporated or Qualified To Do Business in Florida<br><div style="font-size: 1.1em;">7/03/91</div>  |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   | 5. FEI Number<br><div style="font-size: 1.2em;">59 - 3076427</div>   |   |
| City & State<br><div style="font-size: 1.1em;">DAVENPORT FL</div>   |   | City & State<br><div style="font-size: 1.1em;">DAVENPORT FL</div>   |   | Applied For<br><input type="checkbox"/>  |   |
| Zip<br><div style="font-size: 1.1em;">33837</div>   | Country<br><div style="font-size: 1.1em;">USA</div> | Zip<br><div style="font-size: 1.1em;">33837</div>   | Country<br><div style="font-size: 1.1em;">USA</div>   | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>  |   |
| \$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) |
|   |   |   | V.E.D. Braham R. Aggarwal   |  | 7636 Appletree Circle<br>Orlando FL   |
|   |   |   | P.S.D Suresh K. Gupta   |  | 7636 Appletree Circle<br>Orlando FL   |
| 500002408025--E<br>-01/22/98--01010--002<br>****750.00 ****750.00   |   |   |   |  |   |
|   |   |   |   |  |   |
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|   |   |   |   |  |   |
|   |   |   |   |  |   |
| 8. Name and Address of Current Registered Agent   |   |   | 9. Name and Address of New Registered Agent   |  |   |
|   |   |   | Name<br><div style="font-size: 1.2em;">SURESH K. GUPTA</div>  |  |   |
|   |   |   | Street Address (P.O. Box Number is Not Acceptable)<br><div style="font-size: 1.1em;">5225 US HWY 27 NORTH</div> |  |   |
|   |   |   | Suite, Apt. #, Etc.   |  |   |
|   |   |   | City<br><div style="font-size: 1.1em;">DAVENPORT</div>  |  |   |
|   |   |   | State<br><div style="font-size: 1.1em;">FL</div>  |  |   |
|   |   |   | Zip Code<br><div style="font-size: 1.1em;">33837</div>  |  |   |
| 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   |   |   |   |  |   |
| REGISTERED AGENT MUST SIGN  |   |   |   |  |   |
| Date <span style="font-size: 1.2em;">Jan 14 1998</span>   |   |   |   |  |   |
| 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |   |   |  |   |
| (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:  |   |   |   |  |   |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   |   |  |   |
| <div style="display: flex; justify-content: space-between;"> <span><span style="font-size: 1.2em;">SURESH K. GUPTA</span></span> <span><span style="font-size: 1.2em;">1/14/98</span></span> <span><span style="font-size: 1.2em;">941 424 2120</span></span> </div>  |   |   |   |  |   |
| <div style="display: flex; justify-content: space-between;"> <span>Date</span> <span>Daytime Phone #</span> </div>  |   |   |   |  |   |

CR2E040 (12/96)