

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 10 AM 11:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **907857**

1. Corporation Name

CLUB ALEXANDER HOTEL CORP.

2. Principal Office Address

999 WASHINGTON AVENUE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

Zip

33139

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

7/2/91

5. FEI Number

650272322

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

ABRAHAM A. GALBUT

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

999 WASHINGTON AVENUE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State
FL

Zip Code
33139

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 **1/9/01**

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
PD	SONNY KAHN	555 NE 15 STREET	MIAMI, FLORIDA 33132
VPD	ABRAHAM A. GALBUT	999 WASHINGTON AVE	MIAMI BEACH, FL 33139
D	RUSSELL W. GALBUT	555 NE 15 STREET	MIAMI FL 33132
			KE

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

1/9/01

Date

(305) 672-3100

Daytime Phone #