PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 29 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S78539**

1. Corporation Name
ARCADIA HOTEL GROUP, INC.

REINSTATEMENT 97 CAD

Principal Place of Business	Mailing Address
3941 NW 22 ST MIAMI FL 33176 US	3941 NW 22 ST MIAMI FL 33176 US

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

2. New Principal Office Address, If Applicable
54 S.W. Boca Raton Blvd
Suite, Apt. #, etc.
City & State: Boca Raton, Fla
Zip: 33432 Country: Palm Beach

3. New Mailing Office Address, If Applicable
54 SW Boca Raton Blvd
Suite, Apt. #, etc.
City & State: Boca Raton, Fla
Zip: 33432 Country: Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida: 09/03/1991

5. FEI Number: 65-0283587 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	BAUMHOEGGER, REINHARD	~~3941 N.W. 22ND ST.~~ 54 SW Boca Raton Blvd	~~MIAMI FL~~ Boca Raton FL 33432

300002388893--3
-01/05/98--01007--008
****750.00 ****750.00

8. Name and Address of Current Registered Agent
COHEN, EDWARD B.
54 SW BOCA RATON BLVD.
BOCA RATON FL 33432

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E040 (8/97)

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: John B. Cohen — Date: 12/22/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: [signature] — 12/22/97 Date — (561)361-9000 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR