PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 9499 REINSTATEMENT

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

FILED
99 MAR 16 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90507

1. Corporation Name
PHOENIX HOSPITALITY SYSTEMS, INC.

Principal Place of Business
161 MADEIRA AVENUE
SUITE 8
CORAL GABLES, FL 33134

Mailing Address

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

2. New Principal Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt #, etc
City & State
Zip | Country

REINSTATEMENT 94-99 188 3/16/99

4. Date Incorporated or Qualified To Do Business in Florida: Oct 29, 1991

5. FEI Number: 650292369 — 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)

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
PRESIDENT	ROBIN MORROW	3530 CRYSTAL CT	COCONUT GROVE, FL 33133

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-03/12/99--01146--022
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent
ROBIN MORROW
3530 CRYSTAL CT.
COCONUT GROVE, FL 33133

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

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: Robin Morrow — Date: 3/15/99
REGISTERED AGENT MUST SIGN

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: Robin Morrow — 3/15/99 — 305 857 0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #