

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 AUG 16 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V05255**

1. Corporation Name

LUCAVA BEACH HOTEL CORPORATION

2. Principal Office Address

1201 BRICKELL AVE

Suite, Apt. #, etc.

220

City & State

MIAMI FL

Zip

33131-3207

Country

USA

3. Mailing Office Address

1201 BRICKELL AVENUE

Suite, Apt. #, etc.

220

City & State

MIAMI, FLORIDA

Zip

33131-3207

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/06/1992

5. FEI Number

65-0325964

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

GEOFFREY M. WAYNE

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

1201 BRICKELL AVE.

Suite, Apt. #, Etc.

SUITE 220

City

MIAMI

State

FL

Zip Code

33131-3207

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

Geoffrey M. Wayne

REGISTERED AGENT MUST SIGN

Date

August 11, 2000

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
P	REYNALDO N GAYOSO	5020, 70TH AVENUE	SCHERERVILLE, IN 46375

REINSTATEMENT **8/17/00**

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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:

Reynaldo N. Gayoso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/2000 (219)7560752

Date

Daytime Phone #

CR2E081 (9/99)