

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 19 AM 10:24

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

REINSTATEMENT

04-06

DOCUMENT # V40468

1. Corporation Name

TPE Hotels, Inc.

800082647908  
12/19/06--01056--020 \*\*1050.00

CR2E081 (12/05)

2. Principal Office Address

9045 Easterling Drive

Suite, Apt. #, etc.

3. Mailing Office Address

9045 Easterling Drive

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

USA

Zip

32819

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/28/1992

5. FEI Number

593124678

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

David S. Cohen, Esquire

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

5728 Major Blvd.

Suite, Apt. #, Etc.

Suite 550

City

Orlando, FL

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date 12/7/06

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
CEOD	Issa Kassam	9045 Easterling Drive	Orlando, FL 32819
PSTD	Nasim Kassam	9045 Easterling Drive	Orlando, FL 32819

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 contained in Chapter 119, 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:

Issa Kassam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/7/06

Date

Daytime Phone #