

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # V61923

1. Corporation Name

Karena Hotel Investments, Inc.

Principal Place of Business

Mailing Address

~~7100-Lake-Ellenor-Drive~~  
Orlando, Florida 32809

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

2. New Principal Office Address, If Applicable  
P.O. Box 593869

3. New Mailing Office Address, If Applicable  
(same as no. 2)

4. Date Incorporated or Qualified To Do Business in Florida 8/31/92

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
59-3144883

Applied For  
Not Applicable

City & State  
Orlando, Florida

City & State

Zip 32859 Country USA

Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
Dir. & Pres.	Stephen R. Smith	33 Heathfield	Royston Hearts SG85 BN ENGLAND
V.P. & Secy.	Robert W. Schafer, Jr.	3907 Quando Drive	Orlando, Florida 32812
			600002625286--0 -08/26/98-01036-007 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Robert W. Schafer, Jr.  
3907 Quando Drive  
Orlando, Florida 32812

Name N/A  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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 Robert W. Schafer, Jr.  
REGISTERED AGENT MUST SIGN

Date 8/21/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: Stephen R. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Stephen R. Smith, Director and President

Date 7/31/98 Daytime Phone # 011-44-171-438-2579

FILED  
98 AUG 24 PM 3:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT  
AT-980  
8/24/98

CR2000 (1/95)