

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

APPLICATION FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 3:27

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P95000049202

1. Corporation Name

FLORIDA HOTEL CORPORATION

Principal Place of Business

1775 COLLINS AVE. MIAMI BEACH FL 33139

Mailing Address

1775 COLLINS AVE. MIAMI BEACH FL 33139



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0595272

Applied For

Not Applicable

City & State

City & State

Zip

Country

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for ZARRILLI, KENNETH F JR. and ZARRILLI, MICHAEL.

600004659516--5 -10/30/01--01070--006 \*\*\*\*450.00 \*\*\*\*150.00

01UBR 78

8. Name and Address of Current Registered Agent

ZARRILLI, KENNETH F JR 1775 COLLINS AVE MIAMI FL 33139

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

Handwritten signature of Kenneth F. Zarrilli

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/11/01

11. 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:

Handwritten signature of Kenneth F. Zarrilli

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

305 612 1125

CR2E040 (8/01)

THE *Raleigh*  
MIAMI BEACH

11 October 2001

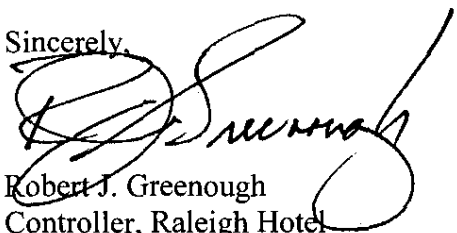
Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir/Madam;

I have just assumed the position of Controller of The Raleigh Hotel. As such, I would appreciate any assistance and cooperation you may render in this matter. Upon receiving the three notices of dissolution that are enclosed, I inquired of the General Manager of the property who insists that the originals were never received. I would like to ask that the reinstatement fees in this matter be waived if at all possible.

Thank you very much.

Sincerely,



Robert J. Greenough  
Controller, Raleigh Hotel

cc: file

