

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 1:03

DOCUMENT # **P05000095032**

1. Corporation Name

T & B HOSPITALITY, INC.

B 3/3/08

REINSTATEMENT 06-08

CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

113 N 14TH ST

Suite, Apt. #, etc.

3. Mailing Office Address

113 N 14TH ST

Suite, Apt. #, etc.

City & State

LEESBURG, FL

City & State

LEESBURG, FL

Zip

34748-4819

Country

LAKE

Zip

34748

Country

LAKE

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/2005

5. FEI Number
20-2928355

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

PATEL, AMIT B

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

113 N 14TH ST

Suite, Apt. #, Etc.

City

LEESBURG

State

FL

Zip Code

34748-4819

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

x Amit B. Patel

Date **01/10/2008**

REGISTERED AGENT MUST SIGN

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	PATEL, BHULABHAI	113 N 14TH ST	LEESBURG, FL 34748-4819
VP	PATEL, TARABEN	113N 14TH ST	LEESBURG, FL 34748-4819
S	PATEL, AMIT B	113 N 14TH ST	LEESBURG, FL 34748-4819
T	PATEL, VIPUL B	113 N 14TH ST	LEESBURG, FL 34748-4819

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01/18/08--01025--015 **450.00

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: :

Amit B. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-08

Date

352-840-9339

Daytime Phone #