

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000142380

**FILED**  
**Oct 04, 2010**  
**Secretary of State**

**Entity Name:** SANTA ROSA HOSPITALITY MANAGEMENT CO.

**Current Principal Place of Business:**

7987 HEIRLOOM DR.  
PENSACOLA, FL 32514 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 374  
GULF BREEZE, FL 32562 US

**New Mailing Address:**

FEI Number: 20-5932754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUVORKIN, KONSTANTIN  
7987 HEIRLOOM DR.  
PENSACOLA, FL 32514 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUVORKIN K.

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P-D  
Name: SHOOP, OLGA  
Address: 201 PENSACOLA BEACH BLVD., STE A-11  
City-St-Zip: GULF BREEZE, FL 32561 US

Title: T-D  
Name: SOUVORKINE, IGOR  
Address: 1143 OLD NURSERY WAY  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: IGOR SOUVORKINE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

V-P

10/04/2010

\_\_\_\_\_  
Date