

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 MAY -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 282214

1. Corporation Name
ACCOMMODATIONS INC.
200 W. COLLEGE AVE.
TALLAHASSEE, FL 32301-7707

Principal Place of Business

Mailing Address

REINSTATEMENT

ad
95-97

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
06/10/1964

5. FEI Number

59-1052080

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
CD	JACK HARDY	ONE GRAND CYPRESS BLVD	ORLANDO, FL.
D	RUSS KIMBALL	1160 GULF BLVD.	CLEARWATER BCH., FL
SD	WILLIAM W. McCREARY	1500 EPCOT RESORT BLVD.	LAKE BUENA VISTA, FL
CED	RON JOHNSON	9250 BAYMEADOWS RD STE 200	JACKSONVILLE, FL
TD	JERRY THIRION	475 SEAGATE DRIVE	NAPLES FL
PCEO	THOMAS A. WAITS	200 W. COLLEGE AVE.	TALLAHASSEE FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAITS, THOMAS A.
200 W. COLLEGE AVE.
TALLAHASSEE, FL. 32301

Name

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

100002173941--1

Suite, Apt. #, Etc.

-05/09/97--01132--006

*****1080.00 ***1080.00**

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

REGISTERED AGENT MUST SIGN

Date **04/29/97**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. WAITS

04/29/97 (904)-224-2888

Date

Daytime Phone #

CR2E040 (12/96)