

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **F96000002322**

99 OCT 19 PM 3:13

1. Corporation Name
INN 2000, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~601 BEACHVIEW DRIVE~~ ~~601 BEACHVIEW DRIVE~~
 PO BOX 20287 PO BOX 20287
 ST SIMONS ISLAND GA 31522 ST SIMONS ISLAND GA 31522



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 05/09/1996	
Suite, Apt. #, etc. 613 B Beachview DR		Suite, Apt. #, etc.		5. FEI Number 58-2214192	
City & State St Simons Island GA		City & State		Applied For Not Applicable	
Zip 31522	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	ZELL, HAROLD E	101 WORTHING ROAD	ST SIMONS ISL GA 31522
VD	ZELL, HAROLD D	601 BEACHVIEW DR.	ST. SIMONS ISL GA 31522
DST	ZELL, LUCY D	101 WORTHING ROAD	ST. SIMONS ISL GA 31522

LS
 000003026870--0
 -1072799--01087--019
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SMITH HULSEY & BUSEY, P.A. 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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: **Smith Hulsey & Busey**
 By: **Harry M. Wilson, III, Vice President** Date: **10/14/99**

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: **Harold Zell** Date: **10/13/99** (912) 638-3449

CR2294 (8/98)

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**INN 2000, INC.
PO BOX 20287
ST. SIMONS ISLAND, GA 31522
912-638-3449**

October 13, 1999

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:

Enclosed is our application for reinstatement and a check for \$150.00. In follow up to a telephone call to your office, I am requesting that you waive the reinstatement fee as I have no record of receiving the original application at the first of the year or any subsequent late notice. I understand that going forward it will be my responsibility to follow up on these applications and to ensure timely payment.

I would greatly appreciate your consideration in this matter and I apologize for any inconvenience this has caused.

Sincerely,



Christina B. Uzzell
Controller

enclosure