

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
AND
FILED

03 SEP 10 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F960000002889**

1. Corporation Name

Sojourn Lodging, Inc.

HR

REINSTATEMENT 99-03

500022824375

09/08/03--01040--014 **\$75.00

2. Principal Office Address

621 Lynhaven Plwy.
Suite, Apt. #, etc.
250

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Va Beach, VA

City & State

Zip

23452

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

54-1567547

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

Sherry M. Burress

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

3 New Warrington Rd.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

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

Sherry M. Burress

REGISTERED AGENT MUST SIGN

Date

9/5/09

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
Pres	George Harwin	621 Lynhaven Va Bch	Va Bch, VA 23452
VP	Alec Harwin	621 Lynhaven Va Bch	

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 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:

Sherry M. Burress

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(757) 463-1907

Daytime Phone #

CR2E081 (10/02)