

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004772

1. Corporation Name

Integrity Hotels, Inc.

2. Principal Office Address

1140 Hammond Dr. NE

Suite, Apt. #, etc.

Suite D 4255

City & State

Atlanta, GA

Zip

30328

Country

USA

3. Mailing Office Address

1140 Hammond Dr. N.E.

Suite, Apt. #, etc.

Suite D 4255

City & State

Atlanta, GA

Zip

30328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/96

5. FEI Number

58-2243559

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

Steven L. Sparkman

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

212 North Collins St.

Suite, Apt. #, Etc.

Suite 1

City

Plant City

State

FL

Zip Code

33563

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

Steven L. Sparkman

REGISTERED AGENT MUST SIGN

Date March 7, 2015

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./	Ken Niemann	1140 Hammond Dr. NE Suite D 4255	Atlanta, GA 30328
Treas.			
Sec.	Goyce Niemann	1140 Hammond Dr. NE Suite D 4255	Atlanta, GA 30328

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEN NIEMANN

Date

3/3/05

Daytime Phone #

770 913 9000

FILED

05 MAR -9 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA