

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001008

1. Corporation Name

SOUTHERN HOSPITALITY, INC. OF OKLAHOMA

Principal Place of Business

Mailing Address

3140 W. BRITTON RD., STE. A
OKLAHOMA CITY OK 73120

3140 W. BRITTON RD., STE. A
OKLAHOMA CITY OK 73120



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

02/25/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

73-1314290

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPST	SLATER, ROBERT E JR.	3140 W. BRITTON RD., STE. A	OKLAHOMA CITY OK 73120
V	BOCK, J. LYNN	3140 W. BRITTON RD., STE. A	OKLAHOMA CITY OK 73120

000023959290
10/21/03--01012--025 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Sean L. Emerick

Date October 16, 2003

Sean L. Emerick, Asst. Secy. REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

405-744-0115

Daytime Phone #

CR2C040 (7/03)



Southern Hospitality, Inc.

3140 W. BRITTON RD., SUITE A • OKLAHOMA CITY, OK 73120 • (405) 749-0115
FAX (405) 749-0474

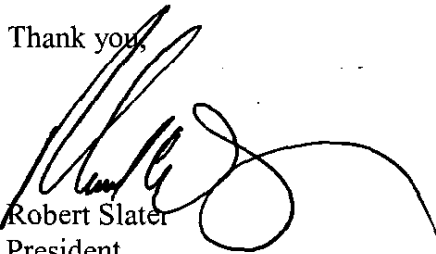
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 13, 2003

Good morning,

We recently received a notice regarding the annual report/uniform business report filing for Southern Hospitality, Inc. We are filing the reinstatement application, and submitting the filing fee of \$150.00. As we did not receive the previous notices, we respectfully ask that the reinstatement fee be waived.

Thank you,



Robert Slater
President
Southern Hospitality, Inc.
405-749-0115