

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 OCT 29 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001015

1. Corporation Name

Innkeepers Hospitality IV, Inc.

REINSTATEMENT 04

2. Principal Office Address

50 Coconut Row

Suite, Apt. #, etc.

Suite 200

City & State

Palm Beach, FL

Zip

33480

Country

Palm Beach

3. Mailing Office Address

50 Coconut Row

Suite, Apt. #, etc.

Suite 200

City & State

Palm Beach, FL

Zip

33480

Country

Palm Beach

4. Date Incorporated or Qualified  
To Do Business in Florida

2/26/1997

5. FEI Number

65-0729750

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

PETER F. SOUZA  
ASSISTANT SECRETARY

Date 10/20/04

REGISTERED AGENT MUST SIGN

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
Dir/ Pres	Jeffrey H. Fisher	255 Clark Ave	Palm Beach, FL 33480
VP/ Sec	Roger A. Pollak	3712 Cypress Lake Dr	Lake Worth, FL 33467
VP	Timothy J. Walker	170 Saratoga Blvd W	Royal Palm Beach, FL 33411
VP	Philip M. Cohen	1726 Annandale Circle	Royal Palm Beach, FL 33411
			900042314959
			10/29/04--01053--021 **750.00
			R1113

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:

Roger A Pollak

Roger A Pollak

Date

10/22/04 561 655-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (07/04)