

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE FLORIDADOCUMENT # **F97000004107**

1. Corporation Name

E. Inns Orlando, Inc.

2. Principal Office Address

7700 Wolf River Boulevard

3. Mailing Office Address

7700 Wolf River Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Germantown, TN

City & State

Germantown, TN

Zip

38138

Country

USA

Zip

38138

Country

USA

REINSTATEMENT4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

621701472

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒State Action and Fee required
to be reinstated (check one)

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*Connie Bryan***CONNIE BRYAN****SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date 10/19/2000

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
	See attached list.		

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

Phillip H. McNeill 10/19/00

Date

Daytime Phone #

901-754-7714

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2 of 2

9. Name and Street Address of Each Officer and/or Director	<u>Title</u>	<u>Name of Officers and/or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City/State/Zip</u>
Chairman of the Board and Chief Executive Officer	Phillip H. McNeill, Sr.	7700 Wolf River Boulevard	Germantown, TN 38138	
President and Chief Operating Officer and Director	Howard A. Silver	7700 Wolf River Boulevard	Germantown, TN 38138	
Executive Vice President, Secretary and Treasurer and Director	Donald H. Dempsey	7700 Wolf River Boulevard	Germantown, TN 38138	
Vice President, Controller, Assistant Secretary and Assistant Treasurer	J. Ronald Cooper	7700 Wolf River Boulevard	Germantown, TN 38138	