

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F97000006127

1. Corporation Name

CRESTWOOD SUITES, INC. THREE

Principal Place of Business

7692 FULLER LOOP
DALLAS GA 30132

Mailing Address

7692 FULLER LOOP
DALLAS GA 30132

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

168 No. Johnston Street

Suite, Apt. #, etc.

Suite 100

City & State

Dallas, GA

Zip 30132

Country

USA

3. New Mailing Office Address, If Applicable

168 No. Johnston Street

Suite, Apt. #, etc.

Suite 100

City & State

Dallas, GA

Zip 30132

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

11/19/1997

5. FEI Number

58-2327421

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BURSON, KENNETH L	RT 1 BOX 1570	CLARKSVILLE GA 30523
TD	SIMPSON, STEVE	7692 FULLER LOOP	DALLAS GA 30132
ST S	SIMPSON, STEVE SIMPSON, MARY J.	7692 FULLER LOOP	DALLAS GA 30132
			500002705455--5 -12/08/98--01006--016 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

KEATING, JOHN K
749 NORTH GARLAND AVE
SUITE 101
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

500002705455--5

-12/08/98--01006--017

*****750.00 *****750.00

FL

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/3/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(f), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary J. Simpson

11/20/98 (710) 445-0071

Date

Daytime Phone #