

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



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

00 AUG 17 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G13840**

1. Corporation Name

**FRONTIER MOTEL INC.**

2. Principal Office Address

**5213 Timberview Tr**

Suite, Apt. #, etc.

**1**

City & State

**ORLANDO, FL**

Zip

**32819**

Country

**US**

3. Mailing Office Address

**P.O. Box 893**

Suite, Apt. #, etc.

City & State

**WINDERMERE, FL**

Zip

**34786**

Country

**US**

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/17/82**

5. FEI Number

**59 224 9896**

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

**ARIFF KHAMANI**

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

**5213 Timberview Tr**

Suite, Apt. #, Etc.

City

**ORLANDO**

State

**FL**

Zip Code

**32819**

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

**ARIFF KHAMANI**

REGISTERED AGENT MUST SIGN

Date **8/17/00**

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/ DIRECTOR/ SEC	ARIFF KHAMANI	5213 Timberview Tr	ORLANDO, FL 32819

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:

**ARIFF KHAMANI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/17/00**

Date

**407 694 9938**

Daytime Phone #