

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 19 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G 76176**

1. Corporation Name

ORIENTAL INN, INC.

2. Principal Office Address

3200 E. BUS Hwy 98

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL.

Zip

32401

Country

USA

3. Mailing Office Address

3200 E. BUS Hwy 98

Suite, Apt. #, etc.

City & State

PANAMA CITY FL

Zip

32401

Country

USA

REINSTATEMENT

00-01

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/83 SP

5. FEI Number

59-2363473

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

SINEATH, KENT A.

100004191121-4

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

3200 E. BUS Hwy 98

-05/09/01--01094--011

******900.00 ****900.00**

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

Kent A. Sineath

Date **4-13-01**

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
P	SINEATH, KENT A	3200 E. BUS Hwy 98	PANAMA CITY FL 32401

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:

Kent A. Sineath

KENT A. SINEATH

4-13-01

Date

Daytime Phone #

850-871-3880

CR2E081 (9/00)