PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # H4

1. Corporation Name

INN-FIELD PUB, INC.

FILED

DO MAY 26 AM 11: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2. Principal Office Address		Address	•	•	
7770 N.W. 50th Street		50th Street		$\sigma = GQ - N$	
Suite, Apt. #, etc. # 208			MEINS A FMFNT 400		
		208	4. Date Incorporated or Qualified To Do Business in Florida 2 13 95		
	City & State				
Florida	Lauderhill	, Florida		Applied For Not Applicable	
Country U.S.A.	Zip 33351	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED VV	Additional Fee required a Certificate of Status	
	th Street 8 Florida Country	th Street 7770 N.W. Suite, Apt. #, etc. City & State Florida Lauderhill Country Zip	th Street 7770 N.W. 50th Street Suite, Apt. #, etc. # 208 City & State Lauderhill, Florida Country Zip Country	The Street 7770 N.W. 50th Street Suite, Apt. #, etc. Suite, Apt. #, etc. # 208 City & State City & State Lauderhill, Florida Country ILS A Country LS A Country S8.75	

Name					1
1	LAWRENCE W. GRODIN	·			
Street A	ddress (P.O. Box Number is Not Acceptable)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
1	7770 N.W. 50th Street			03299385 721/00 - 01082 -	
Suite, A	pt. #, Etc			*1058.75 ***105	놶
1	# 208				-14
City			State	Zip Code	ļ
	Lauderhill		FL	33351	

Signature of Registered		gener V	FEGISTERED AG	GENT MUST SIGN	Date 5/12/00	
9. Names	and Street A	dresses of Each Officer a	and/or Director (Fi	orida nonprofit corporations must list at least 3 directors)		
Titles		Name of Officers and/or Directo	ors	Street Address of Each Officer and/or Director	City / State	! / Zip
-		- Jan - Irana		The state of the s		

P,S,D	LAWRENCE W. GRODIN	7770 N.W. 50th Street, # 208	8 Lauderhill, FL 33351
V,T,D	LEONARD BRESLOW	10520 S.W. 51st Street	Cooper City, FL 33328

^{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 filling 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 term 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:

KNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/ov

954-434-6438

Daytime Phone #

CHZEUG1 (9/99)