

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -9 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H90792

1. Corporation Name

VAGABOND MOTEL & APTS, INC.

2. Principal Office Address

1725 TAFT STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

US OF A

3. Mailing Office Address

1725 TAFT STREET

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

Zip

33020

Country

US OF A

REINSTATEMENT 02-09

**4. Date Incorporated or Qualified
To Do Business in Florida 12/19/1985**

5. FEI Number
59-2618775

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
DILIP PATEL

Street Address (P.O. Box Number is Not Acceptable)
1725 TAFT STREET

Suite, Apt. #, Etc.

City
HOLLYWOOD

State
FL

Zip Code
33020

200035786612
05/07/04--01090--022 **1090.00

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

REGISTERED AGENT MUST SIGN

Date

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	DILIP PATEL	1725 TAFT STREET	HOLLYWOOD, FL 33020

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

Date

Daytime Phone #

4/28/07 954-920-3001

CR2E081 (01/04)