

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT 25 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED CORPORATION REINSTATEMENT ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J24664

1. Corporation Name
LEISURE MOTEL, INC.

4300 SALISBURY RD. NORTH
JACKSONVILLE, FL 32216

2. Principal Office Address
4300 SALISBURY RD. NORTH

3. Mailing Office Address
JACKSONVILLE, FL 32216

Suite, Apt. #, etc.

City & State
JACKSONVILLE

Zip
FLORIDA

Country
DUVAL

4. Date Incorporated or Qualified To Do Business in Florida 7/18/1986

5. EEL Number 59272725

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
NARSI SHINGALA

Street Address (P.O. Box Number is Not Acceptable)
4300 SALISBURY RD. NORTH

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL

Zip Code
32216

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 *N. Shingala* Date 10.05.04.

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, D	PATEL, DAYABHAI	1223 NE 1st AVE.,	FLORIDA CITY, FL 33030
EVP, D	SHINGALA, NARSI	4300 SALISBURY RD. NORTH	JACKSONVILLE, FL 32216
VP, D	PATEL, RAKEE	1223 NE 1st AVE.	FLORIDA CITY, FL 33030
S	PATEL, ILAKUMARI	1223 NE 1st AVE.	FLORIDA CITY, FL 33030
AVP, AS	SHINGALA, GEETA	4300 SALISBURY RD. NORTH	JACKSONVILLE, FL 32216

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: *N. Shingala* NARSI B. SHINGALA Date 10.05.04 Daytime Phone # 904-281-0198

CR2081 (01/04)