

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 11 AM 11:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

226378

1. Corporation Name

DOWNTOWN MOTEL CORPORATION

2. Principal Office Address

1880 Arlington Street

Suite, Apt. #, etc.

Suite 103

City & State

sarasota, Florida

Zip

34239

Country

USA

3. Mailing Office Address

1880 Arlington Street

Suite, Apt. #, etc.

Suite 103

City & State

Sarasota, Florida

Zip

34239

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-2820975

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

Thomas Kelly

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

1880 Arlington Street

Suite, Apt. #, Etc.

Suite 103

City

Sarasota,

State

FL

Zip Code

34239

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

Thomas Kelly

REGISTERED AGENT MUST SIGN

Date

9/7/00

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
D	Thomas Kelly	1545 Blue Heron Drive	Sarasota, FL 34239
VP/S/D	Jacqueline Kelly	11545 Blue Heron Drive	Sarasota, FL 34239
D	James F. Kelly	191 Tall Trees Court	Sarasota, FL 34232

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:

Thomas Kelly

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/7/00

Date

Daytime Phone #

KE

CR2E081 (9/99)