


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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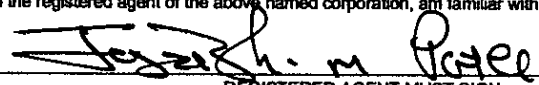
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 84463			
1. Corporation Name ALAMO MOTEL, INC.			
2. Principal Office Address 2000 N. Fed. Hwy Suite, Apt. #, etc.		3. Mailing Office Address 114 MANOR RDW Suite, Apt. #, etc.	
City & State Hollywood, FL		City & State Pooler, GA	
Zip 33020	Country USA	Zip 31322	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/25/97	
5. FEI Number 650141066	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name PATEL, JAGDISH M.		
Street Address (P.O. Box Number is Not Acceptable) 2000 N. Fed Hwy		
Suite, Apt. #, Etc.		
City Hollywood, FL	State FL	Zip Code 33020

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 	Date 5/28/02

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.	M. T. RANCHOD	2000 N. Fed Hwy	Hollywood FL 33020
V.P.	JAGDISH M. PATEL	2000 N. Fed Hwy	Hollywood FL 33020
			351.25-AR
			10.00-ARARTS
			88.75-ARSUPP

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: M. T. RANCHOD	Date 5/28/02 Daytime Phone # (912) 313-5375

CR2E081 (8/01)