

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

1998 MAR 10 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 798135

1. Corporation Name Orleans Motel, Inc.
555 South Federal Highway
Pompano, Beach, Fl 33062

Principal Place of Business Mailing Address
555 South Federal Highway
Pompano Beach, Fl 33062

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable same as above		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/26/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0239129	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Champaklal Patel	555 South Federal Highway	Pompano Beach, Fl 33062
			700002454757--5
			-03/12/98--01010--007
			***1208.75 ***1208.75

REINSTATEMENT

95-982
100
3/10/98

8. Name and Address of Current Registered Agent Champaklal Patel 555 South Federal Highway Pompano beach, Fl 33062		9. Name and Address of New Registered Agent Name Champaklal Patel Street Address (P.O. Box Number is Not Acceptable) 555 South Federal Highway Suite, Apt. #, Etc. City Pompano Beach, FL State FL Zip Code 33062	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>Champaklal Patel</i> Date 3/9/98 REGISTERED AGENT MUST SIGN			

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *Champaklal Patel* 3/9/98 954-943-0920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)