FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

99 DEC 20 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # K98135

1. Corporation Name

ORLEANS MOTEL, INC.

Principal Place of Business / Mailing Address

555 S. Federal Hwy
Pompano Beach, FL 33062

REINSTATEMENT 1999

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

2. New Principal Office Address, If Applicable	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 — Applied For ☐ Not Applicable ☐
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip / County	Zip / County	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers) 3	City / State / Zip 4
Pres	CHAMPAKLAL PATEL	555 S. Federal Highway	Pompano Beach, FL 3306

100000209124--0
-01/14/00--01065--019
****750.00 ****750.00

8. Name and Address of Current Registered Agent

CHAMPAKLAL PATEL
555 S. Federal Highway
Pompano Beach, FL 33062

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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: Champaklal Patel — Date: 12/17/99

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 of 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.

Champaklal Patel