

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

01 JUN 18 AM 10:18

DOCUMENT # K98135

1. Corporation Name

ORLEANS MOTEL, INC.  
555 SOUTH FEDERAL HWY.  
POMPANO BEACH, FL 33062

2. Principal Office Address

555 SOUTH FEDERAL HWY  
Suite, Apt. #, etc.

3. Mailing Office Address

555 SOUTH FEDERAL HWY  
Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

Zip

33062

Country

U.S.A

City & State

POMPANO BEACH, FL 33062

Zip

Country

**REINSTATEMENT 00-01**

4. Date Incorporated or Qualified To Do Business in Florida 1989 **SP**

5. FEI Number 65-0239129 **SP**  
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

PATEL, CHAMPAKLAL

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

555 S. FEDERAL HWY.

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33062

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

Champaklal Patel Champaklal Patel

REGISTERED AGENT MUST SIGN

Date 6/12/01

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	CHAMPAKLAL PATEL	555 S. FEDERAL HWY	POMPANO BEACH, FL 33062

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:

Champaklal Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/01

Date

954 592-2576

Daytime Phone #

CR2E081 (8/00)