

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



APPROVED AND FILED

00 DEC 20 PM 2:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L97000001051

1. Corporation Name
 Milton Hospitality, L.C.

Principal Place of Business Mailing Address

8510 Keshay Taylor Dr.
 Milton, FL 32583

REINSTATEMENT 2000

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

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
 9/27/97

5. FEI Number
 582347793

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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
MGR	Prakash Darji	1322 Hwy 72 E Athens AL 35611	500003515085--8 -12/28/00--01011--002 *****125.00 *****125.00
			500003515085--8 -12/28/00--01011--003 *****25.00 *****25.00

8. Name and Address of Current Registered Agent

Sanjay Majmundar
 8510 Keshay Taylor Dr.
 Milton, FL 32583

9. Name and Address of New Registered Agent

Name Prakash Darji
 Street Address 8510 Keshay Taylor Dr.
 Suite, Apt. #, Etc.
 City Milton State FL Zip Code 32583

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 Prakash Darji Date 12-18-00
 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)(j), 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: Prakash Darji 12-18-00 (256) 233-7500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Prakash Darji

CR2E040 (1/98)

