

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 20 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000006388**

1. Corporation Name

THE INN OF NEW SMYRNA BEACH, INC.

Principal Place of Business

~~600 NORTH DIXIE FREEWAY~~
~~NEW SMYRNA BEACH FL 32170~~

Mailing Address

~~POST OFFICE BOX 295~~
~~NEW SMYRNA BEACH FL 32170~~

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

2. New Principal Office Address, If Applicable

214 Palmetto St.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

214 Palmetto St.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/04/2001

5. FEI Number

59-3754809

Applied For

Not Applicable

City & State

New Smyrna Beach, FL

City & State

New Smyrna Beach, FL

Zip

32168

Country

USA

Zip

32168

Country

USA

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PARA, KEVIN	214 PALMETTO STREET	NEW SMYRNA BEACH FL 32168
SD	PARA, DONNA	214 PALMETTO STREET	NEW SMYRNA BEACH FL 32168
TD	WILSON, JAMES Ostick, Scott	1709 PIONEER TRAIL 214 Palmetto St.	NEW SMYRNA BEACH FL 32168

8. Name and Address of Current Registered Agent

BREWER, MICHAEL L
500 CANAL STREET
NEW SMYRNA BEACH FL 32168

9. Name and Address of New Registered Agent

Name

Same

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/18/02

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/28/02 386-428-4054

CR2E040 (8/02)