

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N95000000273

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1. Corporation Name

SOCIETY OF HOSTS, INC.

Principal Place of Business

1 CHAMPIONS WAY
STE 4100, FSU
TALLAHASSEE FL 32306-541
US

Mailing Address

1 CHAMPIONS WAY
STE 4100, FSU
TALLAHASSEE FL 32306-541
US

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

09/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3285467

Applied For

Not Applicable

City & State

City & State

Zip Country
32306-2541 US

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	4 City / State / Zip
DV	BELL, JEFF STEINER, JIM	8 PIEDMONT CENTER, SUITE 720 337 CALHOUN AVE	ATLANTA GA 30305 DESTIN FL 32548
DP DT	RISCIGNO, JIM	3030 LBJ FREEWAY 1 CHAMPIONS WAY, STE 4100, FSU	DALLAS TX TALLAHASSEE FL 32306-2541
D DS	MARSH, JIM MONTGOMERY, GAIL	8974 WINGED FOOT DR RT 3 BOX 47	TALLAHASSEE FL 32312 MONTICELLO FL 32344
D DP	WAGNER, BILL	4155 BLUE RD 101 OCEAN LANE DR #401	CORAL GABLES FL 33148 KEY BISCAYNE FL 33149
DP D	TOWERS, JAY OHLIN, JANE	5510 W LASALLE ST, #200 1 CHAMPIONS WAY, STE 4100, FSU	TAMPA FL 33607 TALLAHASSEE FL 32306-2541

8. Name and Address of Current Registered Agent

PADGETT, TIMOTHY D
211 S GADSDEN STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
Kristen L. Rouse
Street Address (P.O. Box Number is Not Acceptable)
1613 Rankin Ave
Suite, Apt. #, Etc.
City
Tallahassee
State
FL
Zip Code
32310

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 2 February 2000

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/00 850-644-9494
Date Daytime Phone #