

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **N95000002687**

1. Corporation Name

JLM - INN TRANSITION NORTH, INC.

Principal Place of Business

713 BILTMORE WAY
 CORAL GABLES FL 33134

Mailing Address

713 BILTMORE WAY
 CORAL GABLES FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1995

5. FEI Number

65-0657886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

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
D D	CUSAK, ASHLEY	713 BILTMORE WAY	CORAL GABLES FL 33166 34
P P	EDMUNDS, CRIST	713 BILTMORE WAY	CORAL GABLES FL 33166 34
D D	KORGE, DEBORAH D	713 BILTMORE WAY	CORAL GABLES FL 33166 34
D D	FREELAND, ALLISON WICKER, VIVIANE	713 BILTMORE WAY	CORAL GABLES FL 33166 34

REINSTATEMENT 02-03.78

300009638243
 12/23/02--01059--005 **245.00

8. Name and Address of Current Registered Agent

SPACE, SANDRA C
 713 BILTMORE WAY
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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

Sandra C. Space
 REGISTERED AGENT MUST SIGN

Date

12/19/02

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:

Deborah D. Korge Deborah D Korge 12/19/02 3056698691
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #