

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

01 DEC 26 PM 2:09

DOCUMENT # **N99000002591**

1. Corporation Name
SUPERIOR SMALL LODGING OF LEE COUNTY, INC.

Principal Place of Business Mailing Address
701 ESTERO BLVD. FT.MYERS BEACH FL 33931



REINSTATEMENT 01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/23/1999	
City & State		City & State		5. FEI Number	
Zip		Country		65-0878426	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
PD TD	BLANCHETTE, H R	1652 N TAMAMI TRAIL	N FORT MYERS FL 33903
VD	SHIPPAS, NANCY	2631 FIRST ST	FORT MYERS FL 33916
SD	CARRIERE, ANDREA	1207 ESTERO BLVD	FORT MYERS BEACH FL 33931
TD	LACHAPELLE, SYLVIA	701 ESTERO BLVD	FORT MYERS BEACH FL 33931
PD	PAUL FAUSE	510 ESTERO BLVD	FT. MYERS BEACH, FL 33931

600004765046-4
 01/10/02-01058-006
 ***245.00 ***245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LACHAPELLE, SYLVIA 701 ESTERO BLVD. FT.MYERS BEACH FL 33931		H.R. BLANCHETTE 1652 N. TAMAMI TR	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	33903

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]* **SIGNATURE REQUIRED** Date: 12/19/01
 REGISTERED AGENT MUST SIGN

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 REQUIRED** Date: 12/19/01 Daytime Phone #: 941-4636554
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/01)