

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 MAY 19 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500129774715
05/19/08--01006--011 **758.75

CR2E081 (12/07)

5/24/2000

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000051291

1. Corporation Name

Driftwood M.D. MOTEL INC.

2. Principal Office Address - No P.O. Box #

5108 GULF DR. N

Suite, Apt. #, etc.

3. Mailing Office Address

5108 GULF DR. N

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

Zip

34217

Country

Manatee

City & State

Holmes Beach, FL

Zip

34217

Country

Manatee

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-1013341

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate

7. Name and Address of Current Registered Agent

Name

Rachel E. Mahan

Street Address (P.O. Box Number is Not Acceptable)

5108 GULF DRIVE North

Suite, Apt. #, Etc.

City

Holmes Beach

State

FL

Zip Code

34217

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

Please

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rachel E. Mahan

REGISTERED AGENT MUST SIGN

Date May 14, 2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Gary J. Mahan	5108 GULF DR. N	Holmes Beach, FL 34217
SVP	Patricia F Mahan	5108 GULF DR. N	Holmes Beach FL 34217

REINSTATEMENT

04-08

10. 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 contained in Chapter 119, 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:

Rachel E. Mahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/08 941-778-2111

Date

Daytime Phone #