

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -9 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000049919

1. Corporation Name

Off Centre Lodging, Inc

2. Principal Office Address

102 S. 7th Street

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

3. Mailing Office Address

102 S. 7th Street

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

Zip

32034

Country

USA

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

5/18/01

5. FEI Number

59-3721777

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert L. Tate

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

102 S. 7th Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

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

Robert L. Tate

REGISTERED AGENT MUST SIGN

Date 4/8/03

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
P	Robert L. Tate	102 S. 7th Street	Fernandina Beach, FL 32034
V	Christopher G. Ludlam	102 S. 7th Street	Fernandina Beach, FL 32034

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 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:

Robert L. Tate ROBERT L. TATE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/8/03

Daytime Phone #

904 277 4941

CR2E081 (10/02)

2/4/10

April 8, 2003

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32302-1500

Off Centre Lodging, Inc.
102 S. 7th Street
Fernandina Beach, FL 32034

RE: Reinstatement of Off Centre Lodging, Document # P01000049919

To Whom It May Concern:

Enclosed are UBR forms, a reinstatement form and two separate checks in the amount of \$150 each for the years 2002 and 2003. I did not receive a Uniform Business Report form from your office in 2002 and am requesting that the reinstatement fee be waived.

Thank you for your consideration in this matter.

Sincerely

A handwritten signature in black ink, appearing to read "Robert L. Tate", written over a horizontal line.

Robert L. Tate
President