

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -2 AM 10:39

DOCUMENT # PO 2000004546

1. Corporation Name

EMBASSY HOUSE PARTNERS CORP.

2. Principal Office Address

1250 BLOUNTSTOWN HWY.

Suite, Apt. #, etc.

SUITE F

City & State

TALLAHASSEE, FLORIDA

Zip

32304

Country

LEON

3. Mailing Office Address

1700 ABBEY PLACE

Suite, Apt. #, etc.

SUITE 111

City & State

CHARLOTTE, NORTH CAROLINA

Zip

28209

Country

MECKLENBURG

000025232720
12/01/03--01027--032 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

JANUARY 1, 2003

5. FEI Number

01-0695633

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

RIDGE ROBINSON

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

1250 BLOUNTSTOWN HIGHWAY

Suite, Apt. #, Etc.

SUITE F

City

TALLAHASSEE

State

FL

Zip Code

32304

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

Ridge Robinson
REGISTERED AGENT MUST SIGN

Date **NOVEMBER 17, 2003**

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
PRES.	JOHN A. DOYLE	7325 GREENFIELD STREET	RIVER FOREST, ILLINOIS 60305
TREAS.	JAMES E. HUFFSTICKLER	1700 ABBEY PLACE, STE 111	CHARLOTTE, NC 28209

REINSTATEMENT

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:

Jane E. Huffstickler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James E. Huffstickler TREASURER

NOV. 17, 2003 704-522-0456

Date

Daytime Phone #

CR2E081 (10/02)