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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -9 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # *P02000075285*

1. Corporation Name
MAYFAIR INNS OF PENSACOLA, INC.

2. Principal Office Address <i>4540 MOBILE HWY</i>		3. Mailing Office Address <i>207 MIRACLE STRIP PARKWAY</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>PENSACOLA FL</i>		City & State <i>FT. WALTON BEACH</i>	
Zip <i>32506</i>	Country <i>U.S.A.</i>	Zip <i>32548</i>	Country <i>U.S.A.</i>

4. Date Incorporated or Qualified To Do Business In Florida <i>07-10-2002</i>	
5. FEI Number <i>30-0108035</i>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
NAVNIT R. PATEL

Street Address (P.O. Box Number is Not Acceptable)
207 MIRACLE STRIP PARKWAY

Suite, Apt. #, Etc.

City
FT. WALTON BEACH

State
FL

Zip Code
32548

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 *N.R. Patel* Date *11/5/04*

REGISTERED AGENT MUST SIGN

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
<i>P/D</i>	<i>NAVNIT R. PATEL</i>	<i>207 MIRACLE STRIP PARKWAY</i>	<i>FT. WALTON BEACH FL 32548</i>
<i>ST/D</i>	<i>ANIMESH M. PATEL</i>	<i>6911 PENSACOLA BLVD</i>	<i>PENSACOLA FL 32505</i>
<i>D</i>	<i>KISHOR N. PATEL</i>	<i>349 MIRACLE STRIP PARKWAY</i>	<i>FT. WALTON BEACH FL 32548</i>

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: *N.R. Patel* *NAVNIT R. PATEL, PRESIDENT* Date *11/5/04* Daytime Phone # *244-2442*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)