PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.										
CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS						FILED 07 May 21 PM 3: 34				
DOCUMENT # P04000122870 1. Carporation Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
747 HOSPITALITY INC.									,	
			AYOU	SBLACK DRIV	/E	REIM:	STAF	2E081110		 ST
Suite, Apt. i	#, etc.	Suite, Apt. #,	etc.		•	4. Date Incorp	orated or Qual	ified 08/	25/20	004
JACKSONVILLE, FL City & State HOUM			ΜA, l	_A		77-062	18867		A	pplied For
^z 3221	I1 ÜŠA	70360	0	ÜŠA	-	B. CERTIFICATE	OF STATUS DE	SIRED SS.	75 Additions for a Certifica	al Fee require
	7. Name and Address o		•	.*						
₩ÎLLIAM R. BLACKARD, JR.						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you				
TOO'C WHARESIDE WAY										
Suite, Apt. #, Etc.						are certifying the prior notices were not received and requesting the reinstatement				
JACKSONVILLE State 32207						fee be	waived.			
8. I, being appointed the registered agent of the above favorest porporation, an familiar with an accept the obligations of section 607.0505 or 617,0503, F.S.										
Signature of Registered Agent REGISTERED AGENT MUST SIGN						 	Date #	10/	1200	<u> </u>
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least a directors)										
Titles	Name of Officers and/or Directors			Street Address of Officer and/or Din	Eech rector	/		City / Sta	ite / Zip	
D	JON K. GUIMBE	LLOT	506 I	HIGHWAY 4	15 N	ORTH	COLU	MBUS	. MS	39701

11000	Officers and/or Directors	Officer and/or Director	COLUMBUS, MS 39701			
D	JON K. GUIMBELLOT	506 HIGHWAY 45 NORTH				
P	MARTHA J. THOMAS	747 ARLINGTON ROAD	JACKSONVILLE, FL 3221			
_		- // /	and direction			
		05/3	0010293 8822 1/0701023020 **8. 75			
		2 05/2	00102938822 1/0701023021 **450.00			

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: 1

mas SIGNATURE AND TYPED OR PROTED NAME OF SIGNING OFFICER OR DIRECTOR

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