

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000018029

FILED
Dec 14, 2006
Secretary of State

Entity Name: NORTH COUNTRY HOSPITALITY, INC.

Current Principal Place of Business:

1515 INTERNATIONAL PKWY, SUITE 2013
HEATHROW, FL 32746

New Principal Place of Business:

Current Mailing Address:

1515 INTERNATIONAL PKWY, SUITE 2013
HEATHROW, FL 32746

New Mailing Address:

FEI Number: 20-2279041

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGENTS AND CORPORATIONS, INC.
SUITE E
773 4TH AVENUE NORTH
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAVID A. WILLIAMS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: FLYNN, STEPHEN
Address: 1515 INTERNATIONAL PKWY, SUITE 2013
City-St-Zip: HEATHROW, FL 32746

Title: D () Delete
Name: FLYNN, ERROL
Address: 1515 INTERNATIONAL PKWY, SUITE 2013
City-St-Zip: HEATHROW, FL 32746

Title: DP () Delete
Name: SWARTZ, CHRISTOPHER
Address: 1515 INTERNATIONAL PKWY, SUITE 2013
City-St-Zip: HEATHROW, FL 32746

Title: D (X) Delete
Name: JOHNSON, DAVID
Address: 1515 INTERNATIONAL PKWY, SUITE 2013
City-St-Zip: HEATHROW, FL 32746

Title: DST () Delete
Name: BAKER, GARY P
Address: 1515 INTERNATIONAL PKWY, SUITE 2013
City-St-Zip: HEATHROW, FL 32746

Title: D (X) Delete
Name: WHITMORE, PETER
Address: 1515 INTERNATIONAL PKWY, SUITE 2013
City-St-Zip: HEATHROW, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. SWARTZ

DP

12/14/2006

Electronic Signature of Signing Officer or Director

Date