

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 NOV 26 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09-37516

1. Corporation Name

HOTEL ELEGANCE
2643 55955

2. Principal Office Address - No P.O. Box #

731 GENTIAN DR
Suite, Apt. #, etc.

3. Mailing Office Address

731 GENTIAN DR
Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip Country

32503

City & State

PENSACOLA, FL

Zip Country

32503

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

2643 55955

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

NANCY J. DAVIS

731 GENTIAN DR
Suite, Apt. #, etc.

City

PENSACOLA

State

FL

Zip Code

32503

400242088744
11/26/12--01004--005 **900.00

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

Nancy J. Davis

REGISTERED AGENT MUST SIGN

Date 11-20-12

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.	JOE N. DAVIS	731 GENTIAN DR	PENSACOLA, FL 32503

REINSTATEMENT 11-12

NOV 26 2012

T. SCOTT

10. E-mail Address: NA

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Joe N. Davis

JOE N. DAVIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-12

Date

Daytime Phone #