

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000057598

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** SPECIALTY HOSPITALITY INC.

**Current Principal Place of Business:**

39 W PARK AVE  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

39 W PARK AVE  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:** 27-3000263

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, BOBBY  
742 16TH STREET NE  
WINTER HAVEN, FL 33881 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: BOBBY SMITH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PSD  
Name: SMITH, BOBBY  
Address: 39 W PARK AVE  
City-St-Zip: LAKE WALES, FL 33853

Title: VPSD  
Name: TRAWICK, JOYE R  
Address: 39 W PARK AVE  
City-St-Zip: LAKE WALES, FL 33853

I hereby 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 all other like empowered.

SIGNATURE: BOBBY SMITH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PSD

02/13/2012

\_\_\_\_\_  
Date