

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P32335 1. Corporation Name Davidson Hotel Company			
2. Principal Office Address 1755-D Lynnfield Rd. Suite, Apt. #, etc. Ste. 142 City & State Memphis, TN Zip 38119		3. Mailing Office Address Suite, Apt. #, etc. City & State Country USA	
4. Date incorporated or Qualified To Do Business In Florida 12/28/1990		5. FEI Number 58-1268370	
6. CERTIFICATE OF STATUS DESIRED ☐		7. Additional Fees required by a certain state	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324			
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 <u>John J. Linnihan</u> Date <u>11/09/05</u> <u>John J. Linnihan, Asst. Vice President</u>			
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
Sr. V.P.	Mark E. French	1755-D Lynnfield Rd., Ste. 142	Memphis, TN 38119
Pres.	Wilton D. Hill	1755-D Lynnfield Rd., Ste. 142	Memphis, TN 38119
Secy.	Ralph E. Tipton	1755-D Lynnfield Rd., Ste. 142	Memphis, TN 38119
Dir.	Wilton D. Hill	1755-D Lynnfield Rd., Ste. 142	Memphis, TN 38119
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: <u>Mark E. French</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11/09/05 (901) 761-4664 Date Daytime Phone #	

REINSTATEMENT 2005

C92E391 (01/05)

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

DAVIDSON HOTEL COMPANY

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