PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUN -7 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008347

1. Corporation Name

Dallas Inn, INC.
10499 SE 178th PL
Summerfield, FL. 34491 W06-21731

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
13865 S Hwy 301	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Summerfield, FL	City & State
Zip: 34491 Country: Marion	Zip: 3 Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/30/92

5. FEI Number: 59-1362054 ☐ 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: C D Ritter

Street Address (P.O. Box Number is Not Acceptable): 10499 SE 178th PL

100076209811
06/15/06 01003 003 #4450 00

Suite, Apt. #, Etc.

City: Summerfield | State: FL | Zip Code: 34491

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: C D Ritter Date: 4-29-06
REGISTERED AGENT MUST SIGN

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
PT	Lionel H. Simpson	10499 SE 178th PL	Summerfield FL 34491
VP	Sharon Simpson	4932 CR 120 Wildwood, FL.	Wildwood FL.
VPS	Patricia Lloyd	PO Box 53 Oxford, FL.	Oxford FL. 34484
VP	Shelia Strickland	10409 SE 175th PL	Summerfield, FL 34491

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: L.H. Simpson L.H. Simpson pres. 04/29/06 245-5002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ltr # 606A00036077

Division of Corporations
P.O Box 6327
Tallahassee, FL. 32314

Dallas Fsm Inc.
10499 S.E 178th Place
Summerfield, FL 34491

To whome it may concern:

Please be advised that we are submitting our check for $450.00, your letter and Corporation Reinstatement. This will cover 2004, 2005, 2006.

We are asking for a waiver for our corporation. We did not recieve any notices indicating we were delinquent.

G.H. Simpson Pres.
10499 S.E. 178 th Place
Summerfield, FL. 34491