

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAR -8 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000003577**

1. Corporation Name

FLORIDA LODGING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

601 N. A1A
INDIALANTIC FL 32903

601 N. A1A
INDIALANTIC FL 32903



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/15/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3158757	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$375 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ODDE, JOHN A	601 N. A1A	INDIALANTIC FL
D	ODDE, MAUREEN A	601 N. A1A	INDIALANTIC FL
			800005168908--3 -03/26/02-01039-004 ****900.00 ****900.00
			REINSTATEMENT 01-02-02

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ODDE, JOHN A
601 N. A1A
INDIALANTIC FL 32903

Name: JOHN ODDE
Street Address (P.O. Box Number is Not Acceptable): ~~5344 HICKORY PL~~
Suite, Apt. #, Etc.: 308 BLUFF DR
City: Melbourne State: FL Zip Code: 32901

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

3-04-02
~~2-27-02~~

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

303-530-1502 / 321-727-0700
2-27-02

CR2E040 (8/01)