

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 14 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060133

1. Corporation Name

ECONO LODGE MOTEL OF PENSACOLA, INC.

Principal Place of Business

7194 PENSACOLA BLVD.
PENSACOLA FL 32505

Mailing Address

7194 PENSACOLA BLVD.
PENSACOLA FL 32505

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date incorporated or Qualified
To Do Business in Florida

08/24/1993

5. FEI Number

59-3199310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PARSHOTAM, OOMESH P	7194 PENSACOLA BLVD.	PENSACOLA FL
VP	PARSHOTAM, VIKRAM B	7194 PENSACOLA BLVD.	PENSACOLA FL

500004746765--4
-01/02/02-01034-032
****750.00 ****750.00

11LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name VIKRAM PARSHOTAM
Street Address (P.O. Box Number is Not Acceptable) 7194 PENSACOLA BLVD
Suite, Apt., Etc. PENSACOLA FL
City PENSACOLA FL State FL Zip Code 32505

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

12.10.01

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 #

VIKRAM PARSHOTAM

11.17.01

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