PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P93000072951

1. Corporation Name

IDLE HOUR INN INC.

Principal Place of Business

Mailing Address

2400 AVENUE O MUI

2408 AVENUE G N.W.

FILED

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SECRETARY OF STATE-TALLAHASSEE, FLORIDAL

WINTER HAVEN FL 33890		WINTER HAVEN FL 33880						
If above addresses	s are incorrect in any way, line t	nrough incorrect in	nformation a	nd enter correction below.	REINS	TATEMENT	I AL	
			ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/14/1993 5. FEI Number Applied For			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State	City & State			65-0430944 Not Applica		Not Applicable		
Zip	Country	Zìp		Country	6. CERTIFICATI	E OF STATUS DESIRED	5 Additional Fee required or a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Name of Officers Title(s) and/or Directors 1 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbe		h r Numbers)	City / State / Zip			
P JARV	JARVIS, GAIL C		2408 AVE G N.W.		WINTER HAVEN FL			
	3101-130-1-10-1		4.00 EMPARIZED DES *988 *988 *98					
7					<u>**</u> }	10002051: -01/09/970 ****375.00		
		,						
			,			JB 1-1	0-97	
8. Name and Address of Current Registered Age				nt 9. Name and Address of New Registered Agent				
IADMIC CALL C								
JARVIS, GAIL C 2408 AVENUE G N.W.			Street Address (P.O. Box Number is Not Acceptable)					
WINTER HAVEN FL 33880			Suite, Apt. #, Etc.					
				City State Zip Code			Zip Code	
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 Date REGISTERED AGENT MUST SIGN								
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No No on intangible tax.)								

12. 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.

Janus GAIL C JARVIS 1-2-97 941-294-8563