

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000054485

1. Corporation Name

Innkash Jacksonville, Inc.

2. Principal Office Address - No P.O. Box #
1153 Airport Road

Suite, Apt. #, etc.

City & State
Jacksonville, FL

Zip
32210-2401

Country
USA

3. Mailing Office Address
1117 Perimeter Center West

Suite, Apt. #, etc.
W311

City & State
Atlanta, GA

Zip
30338

Country
USA

CF2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
59-3255455

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SECTION 607.0601, F.S. (Not to be removed or a substitute of F.S. 607.0601)

7. Name and Address of Current Registered Agent

Name
Harish Pattni

Street Address (P.O. Box Number is Not Acceptable)
1153 Airport Road

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32210-2401

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/11/2007

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

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Harish Pattni	1153 Airport Road	Jacksonville, FL 32210-2401
VP	Harish Pattni	1153 Airport Road	Jacksonville, FL 32210-2401
Treas.	Harish Pattni	1153 Airport Road	Jacksonville, FL 32210-2401
Sec.	Harish Pattni RH	1153 Airport Road	Jacksonville, FL 32210-2401

REINSTATEMENT 12-07

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:

Harish Pattni

12/11/2007

678-443-2210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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Fax Number : (850) 617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

INKKASH JACKSONVILLE, INC.

Certificate of Status	1
Certified Copy	0
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\$ 308.75

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