

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
VISION OF CORPORATIONS

FILED

02 MAR 12 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000071481

1. Corporation Name

ORBIT MOTEL INC

2. Principal Office Address

3960 NW Blitchton Rd

Suite, Apt. #, etc.

City & State

Ocala, Florida

Zip

34480

Country

USA

3. Mailing Office Address

7323 Pinemount Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL 32819

Zip

32819

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/26/94

5. FEI Number

59-3281342

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NIZAR A. MITHA

900005109869-8

03/15/02-01016-080

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

7323 PINEMOUNT DR.

***600.00 ***600.00

Suite, Apt. #, Etc.

LS

City

ORLANDO

State

FL

Zip Code

32819

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**

N. Mittha

REGISTERED AGENT MUST SIGN

Date 2/19/02

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
DIRECTOR Pres.	NIZAR A. MITHA	7323 Pinemount Dr	ORLANDO, FL 32819
SGC Treasurer	JASMIN D. MITHA	7323 Pinemount Dr.	Orlando FL 32819

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 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: *N. Mittha*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/13/02

Daytime Phone #

352-401-9800

CR2E081 (8/01)