



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b> 		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>P94000090382</u>			
<b>1. Corporation Name</b> Southland Suites, Inc.			
<b>2. Principal Office Address</b> 605 Hall of Fame Drive Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> Route 13 Box 406 Suite, Apt. #, etc.	
City & State Lake City, Florida		City & State Lake City, Florida	
Zip 32055	Country USA	Zip 32055	Country USA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 59-3288658	Applied For Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name LaCinda L. O'Steen	
Street Address (P.O. Box Number is Not Acceptable) 605 Hall of Fame Drive	
Suite, Apt. #, Etc.	
City Lake City	State FL
	Zip Code 32055

01-02 UBR

<b>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.</b>	
Signature of Registered Agent <u>LaCinda L. O'Steen</u> REGISTERED AGENT MUST SIGN	Date 02/28/02

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	LaCinda L. O'Steen	605 Hall of Fame Drive	Lake City, Florida 32055
ST	Mark O'Steen	605 Hall of Fame Drive	Lake City, Florida 32055

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-03/18/02--01025--024  
\*\*\*\*300.00 \*\*\*\*300.00

<b>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.</b>	
SIGNATURE: <u>LaCinda L. O'Steen</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/28/02 Daytime Phone # 386-752-6930

CR2E081 (9/01)

**SOUTHLAND SUITES, INC.**  
605 HALL OF FAME DRIVE  
LAKE CITY, FL 32055  
386-755-6560

March 5, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed my check in the amount of \$300 as you requested. Also, please find a completed Reinstatement form.

If we need to do anything further, please feel free to contact me at the above address and phone number.

Thank you for your help in this matter.

Sincerely,



Mark O'Steen  
Vice President / Treasurer