

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 # P95000006115

1. Corporation Name

BUDGET INNS OF FORT WALTON BEACH, INC.

Principal Place of Business

349 SW MIRACLE STRIP PARKWAY
FORT WALTON BEACH FL 32548
US

Mailing Address

P.O. BOX 130
CRESTVIEW FL 32536
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1995

5. FEI Number

APPLIED FOR
59-3307582

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	PATEL, KISHOR	4255 S HWY 85	CRESTVIEW FL

000002443030--8
02/27/98 01097-009
****900.00 ****900.00

8. Name and Address of Current Registered Agent

FLEMING, EDWARD P
4300 BAYOU BLVD., STES. 12 & 13
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name

PATEL KISHOR

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

4255-S-PERDON BLVD

Suite, Apt. #, Etc.

City

CRESTVIEW

State

FL

Zip Code

32536

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

Kishor N. Patel

REGISTERED AGENT MUST SIGN

Date 2-21-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
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.

SIGNATURE:

Kishor N. Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KISHOR N. PATEL 2-21-98

Date

Daytime Phone #

(850)
302-0460

FILED

98 FEB 25 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

97-98
AD

CR2E040 (8/97)