

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED  
02 MAR 20 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9300002 8866**

1. Corporation Name

**AMERIFIRST NETWORK INC.**

2. Principal Office Address

**2400 W. MICHIGAN AVE**

Suite, Apt. #, etc.

**17A**

City & State

**PENSACOLA FL**

Zip

**32526**

Country

**USA**

3. Mailing Office Address

**2400 W. MICHIGAN AVE**

Suite, Apt. #, etc.

**17A**

City & State

**PENSACOLA FL**

Zip

**32526**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**1995**

5. FEI Number

**59-332-1296**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**NASH PATEL**

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

**2400 W. MICHIGAN AVE**

Suite, Apt. #, Etc.

**17A**

City

**PENSACOLA**

State

**FL**

Zip Code

**32526**

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

Date

REGISTERED AGENT MUST SIGN

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
P	PATEL, NARESH. K.	2400 W. MICHIGAN AVE STE 17A	PENSACOLA, FL 32526
V.P.	PATEL, JAY.	2400 W. MICHIGAN AVE STE. 17A.	PENSACOLA, FL 32526

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:

*Nash Patel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2002

Date

850 944-4900

Daytime Phone #

CR2E081 (9/01)



March 18, 2001

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL. 32314

**RE: Reinstatement of: LODGING HOSPITALITY SYSTEMS, INC.**

ATTN: Reinstatement Section

Dear sir/Madam,

Recently, it was brought to our attention that we were not in good standing on the filing of our corporate documents, and upon further inquiry, it seem we did not receive the annual filing report.

I have called your division and verified the correct information and upon the request of the agent I am asking that you reinstatement the above corporation and please consider waiving the late filing fees for the year 2001.

I have enclosed a check for \$300.00 as requested by the agent and anticipate the reinstatement to become effective immediately. We do apologize for this inconvenient and thank you in advance for your immediate attention in this matter.

Sincerely,

**LODGING HOSPITALITY SYSTEMS, INC.**

**Nash K. Patel – CHA  
Registered Agent**