

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000048962**

1. Corporation Name

LAKELAND HOTEL CORP.

Principal Place of Business

3410 US HWY 98 N
LAKELAND FL 33809
US

Mailing Address

3410 US HWY 98 N
LAKELAND FL 33809
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1995

5. FEI Number

59-3320492

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 3	City / State / Zip 4
P	BROOKS, ROBERT H	1000 NATURALLY FRESH BLVD	ATLANTA GL
ST	ABBOTT, K L	1000 NATURALLY FRESH BLVD	ATLANTA G

700024411977
11/04/03--01047--012 **150.00

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Cynthia L. Harris
as its agent

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/29/03**

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/03
Date

404-765-9000
Daytime Phone #

CR2040 (7/03)

Lakeland Hotel Corp.

1000 Naturally Fresh Blvd
Atlanta, GA 30349
(404) 765-9000 Fax (404) 765-0669

October 30, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee FL, 32314-6327

To Whom-It May Concern:

This is to request the waiver of the reinstatement fee on the attached, due to the fact that we did not receive the two prior uniform business report notices. I have changed the mailing address so hopefully the problem will not occur in the future.

Your consideration in this matter is appreciated

Sincerely,



K.L. Abbott

Secretary / Treasurer
Lakeland Hotel Corp.

Enclosure: