PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 SEP 17 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074683

1. Corporation Name: Poonam Hospitality, Inc.

Principal Place of Business / Mailing Address:
~~c/o Days Inn~~
~~Highway 85 and Interstate 10~~
~~Crestview, FL 32536~~

REINSTATEMENT 97-98

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

2. New Principal Office Address, If Applicable: 349 S.W. Miracle Strip Blvd.
Suite, Apt. #, etc.:
City & State: Fort Walton Beach
Zip: 32548 Country:

3. New Mailing Office Address, If Applicable:
Suite, Apt. #, etc.:
City & State: Florida
Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: September 27, 1998

5. FEI Number: 36-4246938 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T/D	Champak Bhoja	6000 Harrison Road	Macon, GA 31206
D	Kishor Patel	349 S.W. Miracle Strip Blvd.	Ft. Walton Beach, FL 32548

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-09/22/98--01001--005
****900.00 ****900.00
9-17-98

8. Name and Address of Current Registered Agent:
John L. Whiteman
81 King St., Suite A
St. Augustine, FL 32084

9. Name and Address of New Registered Agent:
Name: Kishor Patel
Street Address (P.O. Box Number is Not Acceptable): 349 S.W. Miracle Strip Blvd.
Suite, Apt. #, Etc.: Ft. Walton Beach, FL 32548
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.

Signature of Registered Agent: Kishor Patel Date: 9-8-98
REGISTERED AGENT MUST SIGN

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 upon 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: Champak Bhoja CHAMPAK BHOJA 9-4-98 912-785-0350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #