

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074513

1. Corporation Name

POONAM HOSPITALITY, INC.

Principal Place of Business

331 A1A BEACH BLVD  
ST. AUGUSTINE FL 32080

Mailing Address

331 A1A BEACH BLVD  
ST. AUGUSTINE FL 32080

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

09/27/1995

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	BHOJA, CHAMPAK	331 A1A BEACH BLVD	ST. AUGUSTINE FL 32080
S	SHARDA, BHOJA	331 A1A BEACH BLVD	ST. AUGUSTINE FL 32080

500009420325  
12/09/02--01078--006 \*\*150.00

8. Name and Address of Current Registered Agent

BHOJA, SHARDA  
331 A1A BEACH BLVD  
ST AUGUSTINE FL 32080

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

CR2E040 (8/02)

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.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 7100

POONMAN HOSPITALTY, INC.  
331 A-1-A BEACH BLVD.  
ST. AUGUSTINE, FL 32080

November 14, 2002

Florida Dept of State  
Annual Report/reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

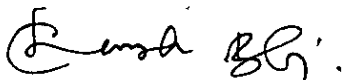
Dear Sir:

-- Enclosed is the Company's 2002-Annual-Report and a payment of \$150.00 for the annual fee.

I did not receive the initial annual report which was to be paid prior to May 1, 2002. I request that the FL Dept. of State accept this late filing and payment.

Thank you for your consideration in this matter.

Sincerely,



Champak Bhoja, President