

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 # P95000086505

1. Corporation Name

LODGING HOSPITALITY SYSTEMS, INC.

Principal Place of Business

5350 MOBILE HIGHWAY  
PENSACOLA FL 32506

Mailing Address

5350 MOBILE HIGHWAY  
PENSACOLA FL 32506

FILED

97 MAY -1 AM 10: 56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 96-97

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

2. New Principal Office Address, If Applicable

Jay S. Patel

Suite, Apt. #, etc.

5350 MOBILE HWY

City & State

PENSACOLA FL

Zip

32526

Country

USA.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/09/1995

5. FEI Number

59-340-4741

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<br>Title                     | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip |
|--------------------------------|---|--|-------------------------|
| PRESIDENT<br>CEO               | Jay S. Patel                              | 5350 MOBILE HWY  | PENSACOLA FL 32526      |
| SP. VICE<br>PRES.              | NASH K. PATEL                             | Westshore Dr.  | PENSACOLA FL, 32526     |
| DIRECTOR                       | HIREN PATEL                               | 1314 TRAVIS CIRCLE N.  | IRVING, TX 75038        |
| DIRECTOR                       | ANKUR PATEL                               | 1314 TRAVIS CIRCLE N.  | IRVING, TX 75038        |
| DIRECTOR                       |   |  |                         |
| VICE PRES<br>OF ADMINISTRATION | NIEL PATEL                                | 5021 MOBILE HWY  | PENSACOLA FL 32526      |

8. Name and Address of Current Registered Agent

CHASE, JAMES L  
401 E. GOVERNMENT STREET  
PENSACOLA FL 32501

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

800002163618-4

05/07/97-01063-005

\*\*\*\*165.00 \*\*\*\*165.00

800002163618-4

05/07/97-01063-006

\*\*\*\*375.00 \*\*\*\*375.00

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

REGISTERED AGENT MUST SIGN

Date

9/19/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/2/96

Date

Daytime Phone #

904 455-3871

CR20040 (7/96)