

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 MAR 20 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P95000086505**

1. Corporation Name

LODGING HOSPITALITY SYSTEMS, INC

2. Principal Office Address

2400, W. MICHIGAN AVE

Suite, Apt. #, etc.*

SUITE 16

City & State

PENSACOLA, FL.

Zip

32526

Country

USA

3. Mailing Office Address

2400, W. MICHIGAN AVE

Suite, Apt. #, etc.

SUITE 16

City & State

PENSACOLA, FL

Zip

32526

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

1995

5. FEI Number

59-3404741

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.

16

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
Pres.	Jay. S. Patel	2400, W. MICHIGAN AVE STE 16	PENSACOLA, FL. 32526
S.U.P.	Nash Patel	2400 W. MICHIGAN AVE STE-16	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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/2002

Date

850-944-4900

Daytime Phone #

CR2E081 (9/01)

AMERIFIRST



NETWORK

March 18, 2001

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314

RE: Reinstatement of: AMERIFIRST NETWORK, 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 seems 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 reinstate 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 inconvenience and thank you in advance for your immediate attention in this matter.

Sincerely,

AMERIFIRST NETWORK, INC.

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