2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000089570

Entity Name: TRAVEL INN OF PASCO, INC.

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7532 U.S. HIGHWAY 19

NEW PORT RICHEY, FL 34652 US

Current Mailing Address: New Mailing Address:

2317 WOOD POINTE DR HOLIDAY, FL 34691 US

FEI Number: 59-3344359 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, DINESHBHAI K 2317 WOOD POINTE DR HOLIDAY, FL 34691 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DKPATEL

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 PATEL, DINESHBHAI K
 Name:
 PATEL, DINESHBHAI K

 Address:
 1131 US HWY 19
 Address:
 2317WOODPOINTEDR

 City-St-Zip:
 HOLIDAY, FL
 City-St-Zip:
 HOLIDAY, FL 34691

Title: T () Delete Title: T (X) Change () Addition
Name: PATEL, KATLASBEN D Name: PATEL, KATLASBEN D

Name:PATEL, KATLASBEN DName:PATEL, KATLASBEN DAddress:1131 US HWY 19Address:2317WOODPOINTEDRCity-St-Zip:HOLIDAY, FLCity-St-Zip:HOLIDAY, FL 34691

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PATEL, KAILASBEN D
 Name:
 PATEL, KAILASBEN D

 Address:
 1131 US HWY 19
 Address:
 2317WOODPOINTEDR

 City-St-Zip:
 HOLIDAY, FL
 4691

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DKPATEL P 03/21/2007