PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
APPLICATION FLORIDA, DEPARTMENT OF STATE						
FOR Sandra B. Mortham						
DI IS DN OF CURPO ATTURE						
DOCUMENT # P97000020810				98 DEC 21 AM 10: 07		
1. Corporation Name				OFFICIALLY OF STATE		
RITTENHOUSE INNKEEPERS, INC.				SECRETAKY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business Mailing Address						
		BOULEVARD				
SUITE C-9 DELRAY BE	SUITE C-9 EACH FL 33444 DELRAY BE/	CH FL 33444			E IDIII IDEII DOIIL DOIIL ADIII ADIII DOITA IIDIA EDICE (EIDI AIDIA EDII IREF	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				1		
New Principal Office Address, If Applicable			Applicable	Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt.	#, etc. Suite, Apt. #	, etc.	N T OTTECT		03/06/1997	
City & State City & State C			HE SOO		Applied For Not Applicable	
Zip Country Zip Country				6. \$8.75 Additional Fee required for a Certificate OF STATUS DESIRED 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)	Name of Officers and/or Directors	Stre	et Address of Each icer and/or Director		City / State / Zip	
1	2	3 (Do NOT Use	Post Office Box Nu	ımbers)	4	
D	WALSH, MARK	OULEVARD, SUITE	E C-9	DELRAY BEACH FL 33444		
D	WALSH, MICHAEL	ULEVARD, SUITE	C-9	DELRAY BEACH FL 33444		
D	WALSH, WILLIAM	ulevard, suite	JITE C-9 DELRAY BEACH FL 33444			
	T-S. 12/24/98 AR			-	1	
				5000 <u>022725315-00</u> 7		
				-12/29/98010/7010 		
	8. Name and Address of Current Registered Age	ent		9. Name and A	Address of New Registered Agent	
Name				O. Box Number is Not Acceptable)		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.			
						City
10. I, being appointed the registered agent of the above named corporation, any familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 12/16/98						
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No 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: That hill galahill RED						
SIGNATURE: Date Daylime Phone #						



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December 16, 1998

CERTIFIED MAIL- RR Florida Department of State Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Re: Reinstatement for Rittenhouse Innkeepers, Inc.

To Whom It May Concern:

Enclosed herewith, please find the completed Annual Report for Rittenhouse Innkeepers Inc. along with the appropriate filing fee of \$150.00.

Pursuant to my assistant's telephone conference with your office, the most recent notice from your office indicates that this corporation has been administratively dissolved. However, we did file these report timely, but did not receive notice that the report was missing the FEI number (see enclosures). Your office has authorized us to reinstate this company for the original filing fee of \$150.00. Please reinstate this corporation so it is in compliance with Florida Statutes. If you have any questions regarding the enclosures you may contact me directly at (603) 559-2108. Thank you for your assistance in this matter.

Sincerely,

Lisa M. Grella

mg/LMG Enclosures