

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

01 NOV -9 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

Inn Management, Inc.

2. Principal Office Address
1701 Highway 1A

3. Mailing Office Address
Same

Suite, Apt. #, etc.
Suite 220

Suite, Apt. #, etc.

City & State

City & State

Vero Beach FL 32963

Zip
32963

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 9/2/97

5. FEI Number 65 0782635

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 Ira C. Hatch

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

1701 Highway 1A, Ste. 220

Suite, Apt. #, Etc.

Suite 220

City

Vero Beach FL

State
FL

Zip Code
32963

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

REGISTERED AGENT MUST SIGN

Date 11/6/01

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
P	Richard B. Henderson	764 Azalea Lane	Vero Beach FL 32963
S	Gerard Blain, Jr.	2927 SE 10th Ave.	Cape Coral, FL 33904

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

2000-2001

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***900.00 ***900.00

CR2E081 (9/00)