PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 NOV 19 AM 11:06

DOCUMENT # P98000033616

1. Corporation Name

DAYS INN OF CRESTVIEW, INC.

Principal Place of Business	Mailing Address
P.O. BOX 130 CRESTVIEW FL 32536	P.O. BOX 130 CRESTVIEW FL 32536

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

REINSTATEMENT 95

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/08/1998

5. FEI Number: 59-3527995 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PR	TRACY JOHNSON	4255-S-FERDON BLVD	CRESTVIEW FL. 32536
VP.	ANJANA RAMAN	4255-S-FERDON BLVD	CRESTVIEW FL. 32536
SEC	KISHOR. N. PATEL	349 SW MIRACLE STRIP PKWY	FT. WALTON BEACH FL. 32548

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~~****750.00~~ ****750.00
11/29

8. Name and Address of Current Registered Agent

FLEMING, EDWARD P
4300 BAYOU BLVD., STE. 12 & 13
PENSACOLA FL 32503

9. Name and Address of New Registered Agent

Name: KISHOR. N. PATEL
Street Address (P.O. Box Number is Not Acceptable): 349 SW MIRACLE STRIP PKWY
Suite, Apt. #, Etc.:
City: FT. WALTON BEACH | State: FL | Zip Code: 32548

CR2E040 (8/99)

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: REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-16-99

11. 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: REQUIRED — 11-16-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #