

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -6 PM 4:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000069081

1. Corporation Name

Cambridge INN, INC.

500024489625
11/06/03--01054--003 **1058.75

2. Principal Office Address

4835 MANOR CT

Suite, Apt. #, etc.

3. Mailing Office Address

4835 MANOR CT

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

US

Zip

33904

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

8/7/98

5. FEI Number

650855581

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-03

7. Name and Address of Current Registered Agent

Name

Julie G'Vitale

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

4835 MANOR CT

Suite, Apt. #, Etc.

City

CAPE CORAL

State

FL

Zip Code

33904

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

Julie G'Vitale
REGISTERED AGENT MUST SIGN

Date

10/21/03

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/S	Julie G'Vitale	4835 MANOR CT 4835 MANOR CT	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:

Julie G'Vitale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/20/03

Daytime Phone #

239-
229-6295

CR2E081 (10/02)

7