

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 11:02

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000083303

1. Corporation Name

L & J HOTELS INC.

Principal Place of Business

4700 W. IRLO BRONSON HWY  
KISSIMMEE FL 34746

Mailing Address

4700 W. IRLO BRONSON HWY  
KISSIMMEE FL 34746

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/25/1998

5. FEI Number

52-2129802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
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

Street Address of Each  
Officer and/or Director

City / State / Zip

PS

KANA, JEYASELVAN

4700 W. IRLO BRONSON HWY

KISSIMMEE FL 34746

200008879252  
11/07/02--01089--017 \*\*150.00

8. Name and Address of Current Registered Agent

JEYASELVAN, KANA  
4700 W. IRLO BRONSON HWY  
KISSIMMEE FL 34746

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

Date 11-02-02

REGISTERED AGENT MUST SIGN

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

KISSIMMEE

FLORIDA.

11-02-02

DEAR SIR/MADAM.

AS PER OUR CONVERSATION OVER  
THE PHONE I HAVE TOLD THAT I MAILED BACK THE  
CHECK SOME HOW IT WAS LOST I AM REALLY  
SORRY FOR THE INCOVENIENCE THAT HAPPENED  
PLEASE DO ACCEPT MY CHECK FOR \$150 <sup>00</sup>.  
AND REINSTATE MY CORPORATION DOCUMENT # P98000083303  
L&J HOTELS INC 4700, W. IRLO BROWSON HWY, KISSIMMEE.

I REALLY APPRECIATE YOUR HELP

THANK YOU.

K. Alyn  
JEYASELAN KANA  
(PRESIDENT)