

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000088515**

1. Corporation Name

R-MOTELS, INC.

Principal Place of Business

Mailing Address

5015 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652

5015 U.S. HIGHWAY 19
NEW PORT RICHEY FL 34652

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

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

10/16/1998

5. FEI Number

65-0870724

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SHAIKH, NASEER	8538 LOST COVE DRIVE	ORLANDO FL 32819

400004687404--2
-11/19/01--01050--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHAIKH, NASEER A
8538 LOST COVE DRIVE
ORLANDO FL 32819

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.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/20/01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

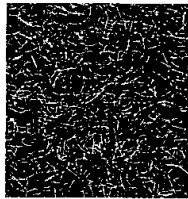
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SECRETARY OF STATE
TALLAHASSEE FLORIDA



CR2040 (8/01)

RAMADA



Oct.20, 2001

Florida Department of State
Annual Report, Reinstatement section
P.O.Box 6327
Tallahassee, FL 32314-6327

Re: Annual report

To whom it may concern:

Please be advised that we have received your notice of Administrative Dissolution or Revocation. We are alarmed as we have no record of having received the annual report which is required to be filed. Perhaps it has been received, however we have not been able to locate it and have no recollection of having received it.

We respectfully request that the reinstatement fee be waived. We have enclosed herewith a check in the amount of \$ 150.00 in payment of the annual report fees, in the hopes that the reinstatement fee will be waived.

Please reinstate the active status of the corporation. If there is a problem, please contact me at 727/849-8551.

Thank you so much for your anticipated cooperation in this matter. We will make sure this does not happen again.

Sincerely

Nasir Shaikh