

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

03 OCT 16 AM 9:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000015639**

1. Corporation Name

PARALLEL HOTELS, INC.

Principal Place of Business

Mailing Address

2020 APALACHEE PARKWAY
 TALLAHASSEE FL 32301

2020 APALACHEE PARKWAY
 TALLAHASSEE FL 32301

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3563641

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
P	PATEL, RAKESH K	2020 APALACHEE PKWY	TALLAHASSEE FL 32301
V	PATEL, KANTI B	431 TANBARK PLACE	TALLAHASSEE FL 32301

400023866354
 10/17/03--01003--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PATEL, RAKESH K
 2020 APALACHEE PARKWAY
 TALLAHASSEE FL 32301

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]
 REGISTERED AGENT MUST SIGN

Date

10/11/03

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]

RAKESH PATEL
 RICK BLUDA

Date

Daytime Phone #

10/11/03

CR2E040 (7/03)

TALLAHASSEE QUALITY INN



BY CHOICE HOTELS



October 13, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

This letter is in request to reinstate Parallel Hotels, Inc. (Document# P99000015639). Enclosed is the paperwork, However, I never received any notices besides this Dissolution / Revocation notice. If I had received any documents from the Divisions of Corporations, I would have gotten everything up to date so this corporation would not be inactive. I apologize for not getting the information to you in time but I was not aware of any notices, so please look into waiving any penalties that may have incurred, I would greatly appreciate it.

If you should have any questions, do not hesitate to call me at (850)877-4437.

Thank you in advance for your prompt response.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jaina K. Bhula'.

Jaina K. Bhula
General Manager / Accounting
Parallel Hotels, Inc. dba Quality Inn & Suites