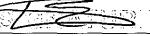
		PLEASE	READ A	LL INST	RUCT	IONS	BEFORE C	OMPLE	TING THIS FO	DRM.	
APPLICATION FOR REINSTATEMENT				FLORIDA DEPARTMEN Glenda E. Ho Secretary of S DIVISION OF CORPOR			<b>od</b> tate 🛶		FILED ICT 16 AM 9:0	11	
DOCUMENT # P99000015639  1. Corporation Name  PARALLEL HOTELS, INC.								SECRETARY OF STATE FALLAHASSEE, FLORIDA			
2020 APALACHEE PARKWAY 2 TALLAHASSEE FL 32301 T				Mailing Address  2020 APALACHEE PARKWAY  TALLAHASSEE FL 32301					REINS W	ATEME	<u> </u>
Suite, Apt. #, etc. Su				3. New Mailing Office Address, If App. Suite, Apt. #, etc. City & State				To Do B	Date Incorporated or Qualified To Do Business in Florida  02/17/1999  FEI Number  Applied For Not Applicable		
Zip Country				Zip		Country	,	6. \$8.75 A			Not Applicable nal Fee require cate of Status
7. Names a	es and Street Addresses of Each Officer and/or Director  Name of Officers and/or Directors  PATEL, RAKESH K			r Director (Flor	Street Address of Each  Street Address of Each Officer and/or Director  2020 APALACHEE PKWY				City / State / Zip  TALLAHASSEE FL 32301		
V	PATEL, KANTI B				431 TANBARK PLACE				TALLAHASSEE FL 32301		
				:					0002386 7703010030		00
8. Name and Address of Current Registered Agent Name							Name	9. Name and Address of New Registered Agent			
2020 APALACHEE PARKWAY							Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
				<u> </u>			City			State Zip Code	3
10. I, being Signature o Registered		registered age	ent of the above	e named corpo			h and accept the ot	oligations of S	ection 607.0505, F.S. or	617.0505, F.S.	3

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 filling 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 of Registered Agent



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN



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,

Jaina K. Bhula

General Manager / Accounting

Parallel Hotels, Inc. dba Quality Inn & Suites

E-mail: qualityinntlh@aol.co