

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S11870

1. Entity Name
SIESTA PLAZA MOTEL, INC.



Principal Place of Business
1120 SUN N SEA DR
SARASOTA, FL 34242

Mailing Address
3610 BROOKLYN AVE
FT WAYNE, IN 46809 US

2. Principal Place of Business

3. Mailing Address

3534 Brooklyn Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Fort Wayne, Indiana

Zip

Country

Zip

Country

46809

US

09272005

REIN-P

CR2E098 (6/04)

4. FEI Number

65-0228616

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROVES, JAMES
1120 SUN N SEA DR
SARASOTA, FL 34242

Name

Brandon Hines

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

1120 Sun N Sea Dr.

City

Sarasota

FL

Zip Code

34242

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Brandon Hines

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

10-3-05

FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

REINSTATEMENT 05

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MOHRMAN, MICHAEL	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE, IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	EHINGER, WILLIAM	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE, IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARIS, DAVID	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE, IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	ACKER, HERBERT K	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE, IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIANT, DONALD	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FORT WAYNE, IN 46809	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOPEN, BRUCE	
STREET ADDRESS	3610 BROOKLYN AVE	
CITY-ST-ZIP	FT WAYNE, IN	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3534 Brooklyn Ave	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3534 Brooklyn Ave	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3534 Brooklyn Ave	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3534 Brooklyn Ave	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3534 Brooklyn Ave	
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William Elger

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-05

240-478-5226

Date

Daytime Phone #

#10 Continued

Name	Address	
Tritch, Dan	3534 Brooklyn Ave Ft, Wayne, IN 46809	
Musselman, Robert	3534 Brooklyn Ave Ft, Wayne, IN 46809	
Muhler, Joseph	3534 Brooklyn Ave Ft, Wayne, IN 46809	
Mohrman, John	3534 Brooklyn Ave Ft, Wayne, IN 46809	President
King, Mark	3534 Brooklyn Ave Ft, Wayne, IN 46809	