

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 31 PM 4: 00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # S27957

1. Corporation Name

TUDOR INN, INC.

2. Principal Office Address

5782 POWERLINE RD

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33309

Country

USA

3. Mailing Office Address

5782 POWERLINE RD

Suite, Apt. #, etc.

City & State

FT LAUDERDALE FL

Zip

33309

Country

USA

REINSTATEMENT 09-0

4. Date Incorporated or Qualified
To Do Business in Florida

1/28/91

5. FEI Number

65-0246125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT GILMOUR

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

5782 POWERLINE ROAD

Suite, Apt. #, Etc.

800003389878--6

-09/12/00--01050--015

****900.00 ****900.00

City

FT LAUDERDALE

State

FL

Zip Code

33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert Gilmour

REGISTERED AGENT MUST SIGN

Date 8.28.00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/T	ROBERT GILMOUR	5782 POWERLINE RD	FT. LAUDERDALE FL 33309
D/V	DUNCAN MACLEOD	5782 POWERLINE RD	FT. LAUDERDALE FL 33309
			KE

10. 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:

Robert Gilmour ROBERT GILMOUR

Date

8/28/00 954 491 3697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (9/99)