| PLEASE READ | ALLUNST | RUNTIQUE | BEFORE C | COMPLETING THIS FORM. | | |
|--|---------|------------|--|---|--------------------------|--|
| APPLICATION FOLLOWING | AID | A D AF EN | NT OF STATE tham tate | | | |
| REINSTATEMEN | | | | FILED | | |
| DOCUMENT # 546707 1. Corporation Name | | | | 98 FEB 19 PM 3: 14 | | |
| · AMU CORPORATION | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business Mailing Address | | | | | | |
| 2731 N. FEDERAL HIGHWAY SAME FORT LAUDEROALE, FL 33306 | | | | | | |
| 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 | | | | 4. Date Incorporated or Qualified | | |
| Sulte, Apt. #, etc. Suite, Apt. #, etc. | | | | To Do Business in Florida 4-18-91 | | |
| City & State City & State | | | | 5. FEI Number Applied For | | |
| Zip Country Zip | | Country | | 6. Not Applicable 88.75 Additional Fee required | | |
| Zψ | Σφ | Country | | | ra Certificate of Status | |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each | | | | | | |
| Title(s) and/or Directors 2 | | | | Numbers) 4 City / State | e / Zip | |
| P GANFAT S. PATEL 2731 N. | | FEDERAL HI | FORT LANDENDACE | E, FL 33306 | | |
| V GITA G. PATEL 2731 N. FEDERAL | | | | HIGHWAY FORT LAUDERDAL | s, FL 33306 | |
| | | | | | | |
| | | | 7000024418173 -02/26/9801087010 ****515.00 ****515.00 | | | |
| | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registered Agent | | |
| CHRIS MANCINO | | | | mones D. William Rose | SAME | |
| 1215 S. E. 2 AVE | | | Street Address (P.O. Box Number is Not Acceptable) (COOP 12-447 S. RODINESSEE LINEARCE AND ACCEPTABLES CONTROL AND ACCEPTABLE | | | |
| SUITE 102 SU FORT LAUDERPALE, | | | Sulte, Apt. #, Etc. | | -1 | |
| FLORI OA 33314 | | | City FORT LAUBERDALE State Zip Code FL 33316 | | | |
| 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 Pagent Date REGISTERED AGENT MUST SIGN | | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.) | | | | | | |
| 12. 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: GANDAT S. PATEL Freshort. 1/28788 (954) 565-1883 SIGNATURE: Dayling OFFICER OR DIRECTOR Date Dayling Phone # | | | | | | |

AMU CORPORATION d/b/a Budget Inn 2731 North Federal Highway Ft. Lauderdale, Florida 33306 (954) 523-5280

February 9, 1998

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Ref. Number S46707

To whom it may concern:

Enclosed is an application for reinstatement. I am also attaching a check in the amount of \$515.00 per my conversation with Leslie for 1996 (\$200), 1997 (\$165) and 1998 (\$150).

As I explained to Leslie, I have not been receiving the preprinted annual reports. I respectfully request that you accept the above amounts for my fees for the years listed above and abate any penalties and/or fees.

Should you have any questions, please fee free to call me.