PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -4 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51172

1 Corporation Name

AMBASSADOR HOTEL OF JACKSONVILLE, INC.

Principal Place of Business	Mailing Address
420 JULIA ST JACKSONVILLE FL 32202	~~140 W MONROE STREET~~ ~~SUITE 200~~ JACKSONVILLE FL 32202

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

REINSTATEMENT 96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	420 N Julia Suite, Apt. #, etc.
City & State	City & State: Jackson ville FL.
Zip / Country	Zip: 32202 / Country: DUVAL

4. Date Incorporated or Qualified To Do Business In Florida: 05/09/1991

5. FEI Number: 59-3067082 ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	WILLIAMS, JAMES D.	~~140 W MONROE ST~~ 420 N Julia	JACKSONVILLE FL 32202
			000002022160--2 -12/06/96--01063--007 ****~~150.00~~ ****~~150.00~~
			000002022160--2 ~~12/06/96--01063--008~~ ****225.00 ****225.00
			JB 12-4-96

8. Name and Address of Current Registered Agent

WILLIAMS, JAMES D.
~~140 W MONROE STREET~~
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name: James D Williams
Street Address (P.O. Box Number is Not Acceptable): 420 N Julia
Suite, Apt. #, Etc.:
City: Jackson ville | State: FL | Zip Code: 32202

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 Registered Agent _____ Date 9/19/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 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: _____ 9/19/96 Date 904 272 8868 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
James D Williams

CR2E040 (7/96)

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