[redacted] FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

[redacted]

FILED
1995 JAN 18 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84372

1. Corporation Name
SHIPS INN, INC.

Mailing Address	Principal Place of Business
[redacted]	[redacted]
BOX 20	
MIAMI BCH. FL 33139	
US	

000001384570
-01/19/95--01074--007
****225.00 ****225.00

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable	3. New Principal Office Address, If Applicable
64 Alton Rd Box 20	64 Alton Rd Box 20
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami. Beach FL.	City & State: Miami. Beach FL.
Zip: 33139 Country: Dade	Zip: 33139 Country: Dade

4. Date Incorporated or Qualified To Do Business In Florida: 10/01/1991

5. FEI Number: 65-0291743 ☐ 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
D	HOBBS, FRED	~~300 ALTON ROAD~~ 64 Alton Rd Box 20 Miami Beach, FL 33139	MIAMI BEACH FL 33139
D	HOBBS, DEBBIE	~~300 ALTON ROAD~~ 64 Alton Rd Box 20	MIAMI BEACH FL 33139
		Sax mailed 1/18/95 dee	

8. Name and Address of Current Registered Agent

HOBBS, FRED
~~300 ALTON ROAD~~
~~MIAMI BEACH FL 33139~~

9. Name and Address of New Registered Agent

Name: Fred Hobbs
Street Address (P.O. Box Number is Not Acceptable): 64 Alton Rd Box 20
Suite, Apt. #, Etc.:
City: Miami. Beach State: FL Zip Code: 33139

CR2E045 (6/94)

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: 1/18/95

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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] 1/18/95 412-264-6157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021440 CP