

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # V30729

1. Entity Name
SOUTHERN HOSPITALITY A GARRETT ENTERPRISE
COMPANY, INC.



FILED

06 OCT 31 PM 4:13

CLERK OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
5220 SHAD RD BLDG 206
JACKSONVILLE, FL 32257 US

Mailing Address
5220 SHAD RD BLDG 206
JACKSONVILLE, FL 32257 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10062006 REIN-P CR2E098 (11/05) 06

4. FEI Number
59-3125409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
GARRETT, RICHIE
9315 JAN JOSE BLVD
JACKSONVILLE, FL 32257

7. Name and Address of New Registered Agent
Name: Garrett, Richie CARL
Street Address (P.O. Box Number is Not Acceptable)
5220 Shad Rd Bldg 206
City: Jacksonville FL Zip Code: 32257

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 10/19/06

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHIE GARRETT, CARL 5220 SHAD RD BLDG 206 JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an officer like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 10/19/06 DAYTIME PHONE #: 904-292-1571



October 19, 2006

Division of Corporations
PO Box 6198
Tallahassee, FL 32314-6198

RE: Document # V30729

Per instructions from Marquitta from your office on 10/19/06. Enclosed is a check in the Amount of \$150.00 for our 2006 Annual Fee. We never received the Original Notice.

Thank you

Southern Hospitality A Garrett Enterprise Company, Inc.

"Serving The Hotel Industry"

5220 Shad Road, Bldg. #206 • Jacksonville, Florida 32257 • 904-292-1571 • Fax 904-260-0101