

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P970000033708

1. Corporation Name

SPRINGFIELD HOSPITALITY, INCORPORATED

99 APR 23 PM 2:10

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 6901 North West 8th. Avenue
 Gainesville Florida 32605

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

2. New Principal Office Address, If Applicable 350 Eastern Boulevard Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 350 Eastern Boulevard Suite, Apt. #, etc.
City & State Jeffersonville	City & State Indiana
Zip 47130	Zip 47130
Country Clark	Country Clark

REINSTATEMENT 98.991

4. Date Incorporated or Qualified To Do Business in Florida **04/15/97**

5. FEI Number **59 344 3857** 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Moaziz A. Syed	350 Eastern Blvd. Jeffersonville	Jeffersonville, IN. 47130
V.P.	Rukhsana P. Rana	1174 S. Carnegie Drive	Tucson Arizona 87150

900002861469--2
 -05/04/99--01029--005
 ***900.00 ***900.00
 900002861469--2
 -05/04/99--01029--006
 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

Lawrence W. Borns Esq.
 412 North Halifax Avenue
 Daytona Beach, Florida, 32118

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
NOT AVAILABLE
 Suite, Apt. #, Etc.
 City

State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506 F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/21/99

11. This corporation owes 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 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)(b), 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: **MOAZIZ A. SYED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date: **4/21/99** (812) 288-8712
 Daytime Phone #

CP2FC081112.981