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CSC TALLAHASSEE

TEL: 850 222 0393

P. 002

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 AUG 14 PM 12:50

APPLICATION FOR
REINSTATEMENT
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Dr. D. Northam
Secretary of State
DIVISION OF CORPORATIONS

394 00 0000 512

DOCUMENT # **B9400000512**

1. Name of Limited Partnership
JOHN Q. HAMMONS HOTELS, LIMITED PARTNERSHIP

4/10 98

2. Mailing Address
300 HAMMONS PARKWAY
Suite, Apt. # etc.
SUITE 900
City & State
SPRINGFIELD, MO
Zip
65806 Country
USA

3. Same Office Address
SAME
City & State
Zip Country

4. Date Formed or Registered
in the State of Florida **11-23-94**

5. FEI Number
43-1523951

6. CERTIFICATE OF STATUS DESIRED 20.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation **DELAWARE**

8a. Capital Contributions as Shown on Record
\$0.00

8b. Amount of Capital Contributions in FLORIDA to Date
\$0.00

FEES: 1.) Filing Fee(s) Computed at a rate of 57 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s) \$60.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s) \$300 penalty fee for each year (each year is delinquent).
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

10. If changed, new registered agent office

Name _____
Street Address (P.O. Box Number is Not Acceptable) **100002621491--5**
Suite, Apt. # etc. **-08/20/98--01092--007**
City *****650, 00 ***650, 00**
State **FL** Zip Code

10a. Pursuant to the provisions of sections 620.111(1) and 620.209, Florida Statutes, the undersigned limited partnership, partnership or registered under the laws of the State of Florida, submits the statement for the purpose of changing its registered agent or its general agent or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligation of sections 620.111(1) Florida Statutes.

Karen B. Rozer **Karen B. Rozer, Asst. Sec.**
Corporation Service Company **8/14/98**

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name of General Partner	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	11a. Registration Document Number
JOHN Q. HAMMONS HOTELS, INC.	300 HAMMONS PKWY. SUITE 900	SPRINGFIELD, MO 65806	F96000003280
APM - 500.00 AR - 52.50 AR SUPD - 88.75 LOS - 8.75 650.00	REINSTATEMENT 1998		98 AUG 14 PM 12:50 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. You hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption status of Section 111.07(3)(k), Florida Statutes. Further, the Division of Corporations from any liability of non-compliance with Section 111.07(3)(k) in the event that the information supplied is deemed to have been made available to the public under the provisions of the Freedom of Information Act. If you are a General Partner of the limited partnership, partnership or trust, you are required to execute this report of filing.

SIGNATURE _____

CR20036 (12/97)