

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 29 PM 4: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004423

1. Corporation Name
Innkeepers Hospitality, Inc.

REINSTATEMENT 04

2. Principal Office Address 50 Coconut Row Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480		Country Palm Beach		3. Mailing Office Address 50 Coconut Row Suite, Apt. #, etc. Suite 200 City & State Palm Beach, FL Zip 33480		Country Palm Beach	
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4. Date Incorporated or Qualified To Do Business in Florida 8-24-1994	
5. FEI Number 65-0501405	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name CT Corporation System		
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		
Suite, Apt. #, Etc.		
City Plantation	State FL	Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: PETER F. SOUZA ASSISTANT SECRETARY Date: 10/20/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir / Pres	Jeffrey H. Fisher	255 Clark Ave	Palm Beach, FL 33480
VP / Sec	Roger A. Pollak	3712 Cypress Lake Dr	Lake Worth, FL 33467
VP	Timothy J. Walker	170 Saratoga Blvd W	Royal Palm Beach, FL 33411
VP	Philip M. Cohen	1726 Annandale Circle	Royal Palm Beach, FL 33411
			200042315262 10/29/04--01053--024 **750.00

10. 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: Roger A Pollak Roger A Pollak Date: 10/22/04 561 655900
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)