


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 4:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

DOCUMENT # F97000000054

1. Corporation Name  
Innkeepers Hospitality II, Inc.

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 11/06/1997	
5. FEI Number 65-0606207	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  
REGISTERED AGENT MUST SIGN

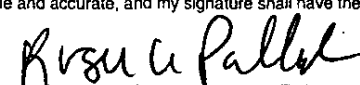
Date  
10/20/04

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 Cypresslake 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

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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 10/22/04 561 655 9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)