

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 11:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005928
Name and Mailing Address

0012599 01 AT 0.292 **AUTO T6 0 0615 33460-382031
HUMMINGBIRD HOTELS, L.L.C.
631 LUCERNE AVENUE
LAKE WORTH FL 33460-3820



2. New Mailing Address		4. State/Country of Formation FL	
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City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/07/2002	
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Principal Place of Business 631 LUCERNE AVENUE LAKE WORTH FL 33460		3. New Principal Place of Business Address		6. FEI Number 50-0001210		Applied For Not Applicable	
City, State, Zip				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent CATHCART, JOHN M 631 LUCERNE AVENUE LAKE WORTH FL 33460				9. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
City				FL		Zip Code	

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *John Cathcart*
 REGISTERED AGENT MUST SIGN
 Date: 11-10-03

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member/Director	JOHN CATHCART	631 Lucerne Ave	Lake Worth, FL 33460
700024817147 11/19/03--01003--020 **150.00			
REINSTATEMENT 2003			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: *John Cathcart*
 Date: 11-10-03 Daytime Phone #: 561-582-3274

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)