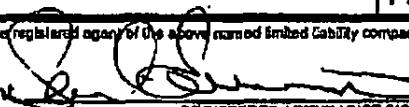


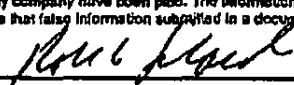
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M06000003338 1. Limited Liability Company's Name CHM NAPLES II HOTEL PARTNERS, LLC			
2. Principal Office Address - No P.O. Box # 2000 MERIDIAN BLVD. Suite, Apt. #, etc. SUITE 200 City & State FRANKLIN, TN Zip 37067		3. Mailing Office Address 2000 Meridian Blvd Suite, Apt. #, etc. Suite 200 City & State Franklin Zip 37067	
Country USA		Country USA	

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 TALLAHASSEE, FLORIDA
REINSTATEMENT 10-13
 Delaware
 6-15-06
 20-5556686
 CERTIFICATE OF STATUS DESIRED ☐

B. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION		E-mail Address: gKeller@chartwellhospitality.com (To be used for future annual report notices)
C. 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. Sean Emerick Signature of Registered Agent  Asst. Secretary Date 08/06/2013 REGISTERED AGENT MUST SIGN		

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CHMB Florida Hotel Manager LLC	2000 Meridian Blvd Suite 200 Franklin, TN 37067	

11. 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 608.404, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.156, F.S.		
Signature of Managing Member/Manager 	Date 8/6/13	Daytime Phone # 615-550-1270
Typed or printed name of signing Managing Member/Manager		

Division of Corporations

Page 1 of 1

**Florida Department of State
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**LIMITED LIABILITY REINSTATEMENT
CHM NAPLES II HOTEL PARTNERS, LLC**

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