PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 AUG -8 AM 8:15
KS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000003338

1. Limited Liability Company's Name
CHM NAPLES II HOTEL PARTNERS, LLC

REINSTATEMENT 10-13

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2000 MERIDIAN BLVD.	2000 Meridian Blvd
Suite, Apt. #, etc.: SUITE 200	Suite, Apt. #, etc.: Suite 200
City & State: FRANKLIN, TN	City & State: Franklin
Zip: 37067 Country: USA	Zip: 37067 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 6-15-06

6. FEI Number: 20-5556686 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

8. 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 State: FL Zip Code: 33324

E-mail Address: gKeller@chartwellhospitality.com
(To be used for future annual report notices)

9. 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: Sean Emerick Asst. Secretary Date: 08/06/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	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 608.508, 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.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: 8/6/13 Daytime Phone #: 615-550-1270

Typed or printed name of signing Manager/Member/Manager:

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000176520 3)))

H13000176520 3ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

RECEIVED
13 AUG -8 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
CHM NAPLES II HOTEL PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$655.00

Electronic Filing Menu Corporate Filing Menu Help