

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 16 AM 8:00

DOCUMENT # S29210

1. Corporation Name

AMERICAN GENERAL HOSPITALITY OF FLORIDA, INC.

2. Principal Office Address

4501 N.Fairfax Dr.

3. Mailing Office Address

4501 N.Fairfax Dr.

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

Arlington

City & State

Arlington, VA

Zip

VA

Country

U.S.A.

Zip

22203

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1991

5. FEI Number

650239083

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

100023110401
09/16/03--01062--005 **1058.75
09/16/03--01062--005 **1058.75
REINSTATEMENT 01-03

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 RD.

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

MRS

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

ANUSHA SPITY, VP+ASST. SEC.

Date 09-11-03

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
VChair	Jorns, Steven D.	1801 N.Fairfax Dr.	Arlington, VA 22203
SVP	Bennett, Christopher L.	1801 N.Fairfax Dr.	Arlington, VA 22203

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:

Christopher L. Bennett

9/11/03

(703) 387 3332

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)