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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

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation: FL
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida: 03/07/2002
Principal Place of Business: 631 LUCERNE AVENUE, LAKE WORTH FL 33460	3. New Principal Place of Business Address / City, State, Zip	6. FEI Number: 50-0001210 ☐ 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	9. Name and Address of New Registered Agent
CATHCART, JOHN M 631 LUCERNE AVENUE LAKE WORTH FL 33460	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 SIGNATURE REQUIRED Date 11-18-03

REGISTERED AGENT MUST SIGN

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/Manager Director	JOHN CATHCART	631 Lucerne Ave	Lake Worth, FL 33460
		700021817147 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/Manage SIGNATURE REQUIRED Date 11-10-03 Daytime Phone # 561-582-3274

Typed or printed name of signing Managing Member/Manager