B11000000008

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HERSHA HOSPITALITY MANAGEMENT, LP

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J. SAULSBERRY
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/11)

DOCUMENT # B11000000008

1. Name of Limited Partnership

Hersha Hospitality Management, L.P.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
44 Hersha Drive		Penn Mutual Towers, 510 Walnut Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 9th Floor	
City & State Harrisburg, PA		City & State Philadelphia, PA	
Zip 17102	Country U.S.A.	Zip 19106	Country U.S.A.

4. Date Formed or Registered To Do Business in Florida 1/11/2011

5. FEI Number 23-2947379 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for Certification of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation FL Zip Code: 33324

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $86.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address: legal@hersha.com
E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1810, or 620.1006, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepts Appointment) Connie Bryan (REGISTERED AGENT MUST SIGN) Assistant Secretary DATE 12/28/2012

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Number)	City, State and Zip Code	10a. Registration Document Number
Star HHM GP, L.L.C.	Penn Mutual Towers, 9th Floor 510 Walnut Street	Philadelphia, PA 19106	M11000000142

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I/We hereby certify that the information supplied with this report is accurately furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, FS. In the event that the information supplied contains public access information, I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes; and that 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, FS.

SIGNATURE [signature] DATE 12-27-2012

Typed or Printed Name of General Partner Signing Form: Thea Parent, authorized officer Telephone Number: 215-238-1046

FL023 - 01/1/2011 CT System Online