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SECRETARY OF STATE
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LP/LLLP REINSTATEMENT

MCKIBBON HOTEL GROUP OF SARASOTA, FLORIDA, L.P. LTD.

Certificate of Status	1
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SECRETARY OF STATE
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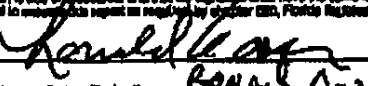
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 894000000247 1. Name of Limited Partnership MCKIBBON HOTEL GROUP OF SARASOTA, FLORIDA, L.P. LTD.			
2. Principal Office Address - No P.O. Box # 402 WASHINGTON STREET Suite, Apt. #, etc. STB, 200 City & State GAINESVILLE, GA Zip 30501		3. Mailing Office Address P.O. BOX 1018 Suite, Apt. #, etc. City & State GAINESVILLE, GA Zip 30501	
4. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City PLANTATION State FL Zip Code 33324		4. Date Formed or Registered To Do Business in Florida 7/12/1994 5. FEI Number 593272014 6. CERTIFICATE OF STATUS DESIRED ☒ YES ☐ NO 7. FEES: Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$68.75 for each year due this office. Penalty Fee(s): \$500 for each year or part thereof limited partnership revolved on our records. ☐ A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
8. Pursuant to the provisions of sections 605.1910 or 605.1915, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 680, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)  Erin McBrearty DATE 1/11/07 DESIGNATED AGENT ACCEPTING APPOINTMENT			
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) MCKIBBON HOTEL GROUP, INC.	Address of Each General Partner (Do NOT Use Post Office Box Number) 402 WASHINGTON ST.	City, State and Zip Code GAINESVILLE, GA 30501	10a. Registration Document Number F93000004385
REINSTATEMENT 07			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for an exemption contained in Chapter 119, Florida Statutes. I request the Division of Corporations (business facilities) of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. 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, member or partner empowered to execute this report as required by Chapter 680, Florida Statutes.			
SIGNATURE  RONALD COOPER		DATE 10/10/07	
Type or Printed Name of General Partner Signing Form		Telephone Number	

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