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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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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B94000000247

1. Name of Limited Partnership

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

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
402 WASHINGTON STREET	P.O. BOX 1018
Suite, Apt. #, etc. STE. 200	Suite, Apt. #, etc.
City & State GAINESVILLE, GA	City & State GAINESVILLE, GA
Zip 30501 County HALL	Zip 30501 County HALL

CR2E039 (1/97)

4. Date Formed or Registered To Do Business in Florida 7/12/1994

5. FEI Number 593272014 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: C T 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

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 revoked 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☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances where the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 48.091 or 605.1908, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) Erin McBrearty DESIGNATED AGENT Assistant Secretary DATE 10-10-07

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 Numbers)	City, State and Zip Code	10a. Registration Document Number
MCKIBBON HOTEL GROUP, INC.	402 WASHINGTON ST.	GAINESVILLE, GA 30501	P93000004385

REINSTATEMENT 07

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

11. I am hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. 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, another or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE Ronald Cosper Vice President DATE 10/10/07

Typed or Printed Name of General Partner Signing Form: RONALD COSPER Telephone Number:

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