

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000001530

1. Corporation Name

Meristar Hotel Lessee, Inc.

[Handwritten Signature]

700025526137
12/16/03--01034--024 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

4501 N. Fairfax Drive

3. Mailing Office Address

- Same -

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

City & State

Arlington, VA

City & State

Zip

22203

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/01

5. FEI Number

522275057

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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 Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

[Handwritten Signature]

ANUSHA PUTTY, VP & ASST. SEC.

Date 11/24/03

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
Pres	Bruce G. Wiles	4501 N. Fairfax Drive, Suite 500	Arlington, VA 22203
CFO	Donald D. Olinger	4501 N. Fairfax Drive, Suite 500	Arlington, VA 22203
Secy	Jerome J. Kraisinger	4501 N. Fairfax Drive, Suite 500	Arlington, VA 22203
VP	J. Brooks Martin	4501 N. Fairfax Drive, Suite 500	Arlington, VA 22203
Dir	Paul W. Whetsell	4501 N. Fairfax Drive, Suite 500	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:

[Handwritten Signature]

Jerome J. Kraisinger

11/24/03

703-812-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (10/02)