PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP -7 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000000266

1. Corporation Name
Crossroads Hospitality Management Company

W06-35135

REINSTATEMENT 0406
CR2E081 (1205)

2. Principal Office Address	3. Mailing Office Address
4501 N Fairfax Drive	4501 N Fairfax Drive
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Arlington, VA	City & State: Arlington, VA
Zip: 22203 Country: USA	Zip: 22203 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/16/2002

5. FEI Number: 25-1841659 ☐ 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: [signature] Judith B. Argao Asst. Secretary & V. President Date: 7/24/06
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
President	Thomas Hewitt	4501 N Fairfax Drive Suite 500	Arlington, VA 22203
EVP/Secretary	Christopher Bennett	4501 N Fairfax Drive Suite 500	Arlington, VA 22203
Treasurer	Bruce Riggins	4501 N Fairfax Drive Suite 500	Arlington, VA 22203

700080089757
09/21/06--01055--004 **300.00
700080089757
09/21/06--01055--005 **750.00

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 contained in Chapter 119, 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: [signature] Christopher Bennett 7/31/06 (703) 387-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #