

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Hams
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98 000005169

1. Corporation Name

MeriStar Hospitality Corporation

2. Principal Office Address

1010 Wisconsin Ave, NW

Suite, Apt #, etc,

City & State

Washington, DC

Zip

20007

Country

U.S.A.

3. Mailing Office Address

1010 Wisconsin Ave, NW

Suite, Apt. #, etc.

City & State

Washington, DC

Zip

20007

Country

U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 09/15/98

5. FEI Number

752648842

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 abode named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, VS.

Signature of Registered Agent

J. Argao

Judith B. Argao

Asst. Secretary & V. President

Date

9/12/02

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
PD	BRUCE WILES	1010 Wisconsin Ave, NW	Washington DC 20007
CEO	PAUL WHETSELL	1010 Wisconsin Ave, NW	Washington DC 20007
DIR	JOHN EMERY	1010 Wisconsin Ave, NW	Washington DC 20007
VP/SEC	CHRISTOPHER BENNETT	1010 Wisconsin Ave, NW	Washington DC 20007

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:

Christopher Bennett

CHRISTOPHER BENNETT

Date

9/10/02

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR