


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L 00000000445</u>		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 21 PM 3:06	
1. Limited Liability Company's Name <u>Island Hotel Company, LLC</u>			
2. Principal Office Address <u>5555 College Rd</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5555 College Rd.</u> Suite, Apt. #, etc.	
City & State <u>Key West</u>		City & State <u>Key West FL</u>	
Zip <u>FL</u>	Country <u>USA</u>	Zip <u>33040</u>	Country <u>USA</u>
4. State/Country of Formation <u>Florida/USA</u>		5. Date Organized or Qualified To Do Business in Florida <u>1/14/00</u>	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$500 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <u>Douglas J. Bell</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5555 College Rd.</u> <u>200004751822-8</u> <u>-01/04/02--01054--008</u>			
Suite, Apt. #, Etc. <u>***150.00 ***150.00</u>			
City <u>Key West</u>		State <u>FL</u>	Zip Code <u>33040</u>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent <u>X Douglas J. Bell</u>		Date <u>10/22/01</u>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles <u>Managing Member</u>	Name of Managing Members/Managers <u>Douglas J. Bell</u>	Street Address of Each Managing Member/Manager <u>5555 College Rd.</u>	City / State / Zip <u>Key West, FL 33040</u>
REINSTATEMENT <u>2001</u>			
Rim \$100. UBR 50. <u>150.00</u>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>X Douglas J. Bell</u>		Date <u>10/22/01</u>	
Typed or printed name of signing Managing Member/Manager <u>Douglas J. Bell</u>		Daytime Phone # <u>305-296-7101</u>	

CR2E041 (9/01)