

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN -7 AM 9:33

DOCUMENT # L 000000008036

1. Limited Liability Company's Name

Hotel Development Corporation L.L.C.

000004777360--1
-01/16/02--01027--023
***150.00 ***150.00

2. Principal Office Address

1027 North Florida Mango Rd

Suite, Apt. #, etc.

Suite 2

City & State

West Palm Beach, FL

Zip

33409

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1036231

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Kenneth Birdsall

Street Address (P.O. Box Number is Not Acceptable)

1027 North Florida Mango Rd.

Suite, Apt. #, Etc.

Suite 2

City

West Palm Beach

State

FL

Zip Code

33409

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-11-01

10. Name and Street Addresses of Managing Members/Managers

Titles

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

V. Pres.

Bruce Stewart

1027 N. Florida Mango Rd.
Suite #2
West Palm Beach, FL 33409

West Palm Beach, FL 33409

Rein 100.00
OBR 50.00
150.00
uf

REINSTATEMENT 2001

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

[Signature]

Date 11-19-01

Daytime Phone # 561 697 8140

Typed or printed name of signing Managing Member/Manager

Bruce Stewart

CR2E041 (9/01)