rruc IONS PLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 03 JUN -2 AM 10: 59 REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # LO 100007267 House Inn UC Plonida 500020696445 06/10/03--01002--015 \*\*200.00 2. Principal Office Address 3. Mailing Office Address 2932 ngtonld 12933 4. State/Pountry of Formation -10/100 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified To Do Business in Florida - 2001 -08 City & State City & State Applied For 6. FEI Number P1. JAX Not Applicable Zip Country Zip Country 7. \$5.00 Additional Fee required 3<u>225</u> CERTIFICATE OF STATUS DESIRED Δ for a Certificate of Status A 8. Name and Address of Current Registered Agent Name ceptable Street Address (P.O. Box Numbe ania ano Suite, Apt. #, Etc. City Zip Code State 1308 ASSEC FL CR2E041 (10/02) 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. \$ 2003 Signature of Isles, Registered Agent Date REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip MGRA 32258 70, noton RH nne RENSTATEMENT 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 Daytime Phone # Managing Member/Manager IANE Typed or printed name of signing Managing Member/Manager

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