

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000015416

1. Limited Liability Company's Name

Hospitality Artists Investments, LLC

2. Principal Office Address - No P.O. Box #

1735 Peachtree St.N.E.

Suite, Apt. #, etc.

Suite 223

City & State

Atlanta, GA

Zip

30309

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida 6/19/'02

6. FEI Number

02-0637883

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

Robert H. Schoepf

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

1409 NE 22nd Ave.

Suite, Apt. #, Etc.

Suite 102

City

Ocala

State

FL

Zip Code

34470

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Robert H. Schoepf

REGISTERED AGENT MUST SIGN

Date

4/26/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Toma G. Brashear	1735 Peachtree St.NE	Atlanta, GA
		Suite 223	30309
Mem.	John J. Russell	1021 Troublesome Creek	Greensboro,
		Lane	GA 30642

REINSTATEMENT 2006-10

11. E-mail Address: tomabrashear@earthlink.net

(To be used for future annual report notifications)

12. 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

Toma G. Brashear

Date

4-23-10

Daytime Phone #

404-406-8626

Typed or printed name of signing Managing Member/Manager

Toma G. Brashear

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FILED

The Brashear Group, LLC
1735 Peachtree Street N.E., Suite 223
Atlanta, GA 30309
April 26, 2010

10 MAY -4 PM 3: 36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Registration Section
P. O. Box 6327
Tallahassee, FL 32314

RE: Hospitality Artists Investments, LLC

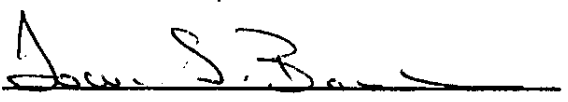
Dear Mr. Secretary:

In compliance with FL statutes enclosed herewith please find form #CR2E041 requesting reinstatement of the above Florida Limited Liability Company.

It appears that there are five years due at \$138.75 plus a \$100.00 reinstatement fee as well as \$5.00 for a certificate of standing, same totaling \$798.75 and a check for same is enclosed.

Thank you for your cooperation in expediting this request and if there are any questions do not hesitate contacting the undersigned.

Sincerely yours,
The Brashear Group, LLC

By: 
Toma G. Brashear, Managing Member
Telephone: (404) 406-8626
Email: tomabrashear@earthlink.net

Enc.: Application for reinstatement in duplicate
Check for fees proscribed