

L02000018154

APPROVE
AND
COMPLETING THIS FORM

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAY 17 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000018154
1. Limited Liability Company's Name
Red Hotel, LLC

REINSTATEMENT 2003-2004

100036523681
05/17/04--01081--005 **200.00

2. Principal Office Address <u>1345 Dupont Road</u>		3. Mailing Office Address <u>1345 Dupont Road</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Havana, Florida</u>		City & State <u>Havana, Florida</u>	
Zip <u>32333</u>	Country <u>Gadsden</u>	Zip <u>32333</u>	Country <u>Gadsden</u>

4. State/Country of Formation <u>Florida/USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>08/01/02</u>	
6. FEI Number <u>56-2289079</u>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Paul R. Bradshaw

Street Address (P.O. Box Number is Not Acceptable) 1345 Dupont Road

Suite, Apt. #, Etc.

City Havana State FL Zip Code 32333

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] Date 3/17/04

REGISTERED AGENT MUST SIGN

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
MGRM	Paul Bradshaw	1345 Dupont Road	Havana, FL 32333
MGRM	Sally Bradshaw	1345 Dupont Road	Havana, FL 32333

JB 52404

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 3/17/04 Daytime Phone# 850-671-4401

Typed or printed name of signing Managing Member/Manager Paul R. Bradshaw, Managing Member

CR2E041 (10/02)