

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 16 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100
50+ 200
2300

CR2E041 (1/07)

DOCUMENT # **LD3000036952**

1. Limited Liability Company's Name

AMERICAN Hospitality Holdings, LLC

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

37 MONTEREY PT. DR

Suite, Apt. #, etc.

3. Mailing Office Address

37 Monterey Pointe Dr

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

Palm Beach Gardens

Zip

33418

Country

Zip

33418

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

83-0373310

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
Cheryl Gaeta

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

37 MONTEREY POINTE DR

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33418

☐ 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

Cheryl Gaeta

REGISTERED AGENT MUST SIGN

Date **12-10-07**

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	Cheryl Gaeta	37 MONTEREY PT. DR. PALM BEACH GARDENS, FL	33418
MGRM	ELIZABETH FITZPATRICK	1260 DESCANO DR LA CANADA, CA 91011	
REINSTATEMENT 04-07			
GA 1/16			
100113304941			
12/20/07--01028--018 **300.00			

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

Cheryl Gaeta

Date **12-10-07**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager