PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 29 AM 9:25

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000029777

1. Limited Liability Company's Name
Innovative Hospitality Systems, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
858 NW 170th Terrace	PO Box 792465
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pinbrooke Pines, FL	City & State: New Orleans, LA
Zip: 33028 Country: United States	Zip: 70179 Country: Orleans

4. State/Country of Formation: Florida, United States

5. Date Organized or Qualified To Do Business in Florida: 4/13/2004

6. FEI Number: 20-0952208 ☐ 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: Julio Castro

Street Address (P.O. Box Number is Not Acceptable): 858 NW 170th Terrace

Suite, Apt. #, Etc.:

City: Pinbrooke Pines State: FL Zip Code: 33028

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 _____ Date 11-22-2006

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
GM	Amanda Lisotta	4901 Iberville Street	New Orleans, LA 70119
		200092101202 11/29/06--01036--009 **50.00	
		200092101202 11/29/06--01036--009 **150.00	
		REINSTATEMENT	05-06

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 _____ Date 11-22-2006 Daytime Phone # 504-628-0845

Typed or printed name of signing Managing Member/Manager Amanda Lisotta