


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

07 MAY 17 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000024223					
1. Entity Name BS: USA HOTELS, L.L.C.					
Principal Place of Business 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711			Mailing Address 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
04102007 REIN-LLC CR2E101 (1/07)					
4. FEI Number 20-2811570				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BOYETTE, WADE 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name <u>Denise Grimm</u> Street Address (P.O. Box Number is Not Acceptable) <u>13114 Skiing Paradise Blvd.</u> City <u>Clermont</u> <u>FL</u> Zip Code <u>34711</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Denise Grimm</u> DATE <u>05 01 07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete BOLUSSET, DENIS 1635 E. HIGHWAY 50, SUITE 300 CLERMONT, FL 34711			<input type="checkbox"/> Change <input type="checkbox"/> Addition 700103289567 05/25/07--01025--022 **100.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
REINSTATEMENT					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Denise Grimm</u>				Date <u>04 10 07</u> Daytime Phone # <u>352 429 2178</u>	