

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000113092

1. Limited Liability Company's Name

West Melbourne Hotels Associates, LLC

900176182749
04/19/10--01005--027 **521.25

CR2E041 (11/09)

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

4355 West New Haven Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Zip

32904

Country

USA

Zip

Country

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

11/23/2005

6. FEI Number

20-4234013

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

Lee Huszagh

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

249 East Virginia St.

Suite, Apt. #, Etc.

City

Tallahassee, FL

State

FL

Zip Code

32301

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/15/10

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
MGRM	Samuel C. Agee, Jr.	4901 Kilbourne Rd	Columbia, SC 29206
MGRM	Clarence S. Cipkala	223 W. Passage Dr.	Columbia, SC 29212
MGRM	Keith A. Hewitt	54 Waterway Island	Isle of Palms, SC 29451
MGRM	Lawrence Kacenga	6718 Sturbridge Pl.	Poland, OH 44514
MGRM	James P. Underwood	8700 Ridgewood Ave. A-211	Cape Canaveral, FL 32920

REINSTATEMENT 2008-10 JB

11. E-mail Address

(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

[Signature]

Date

4/13/10

Daytime Phone #

(803) 798-7979

Typed or printed name of signing Managing Member/Manager

Samuel Agee Jr.