PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATIONS
13 DEC 16 PM 4:38

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
L12000025803

CLEARWATER BEACH HOTEL SUITES, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1995 RIDGE ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FL	City & State
Zip: 33774 Country: US	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business In Florida: 02/22/2012

6. FEI Number: [ ] Applied For [X] 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: THOMAS C. NASH, II
Street Address (P.O. Box Number is Not Acceptable): 625 COURT STREET
Suite, Apt. #, Etc.: SUITE 200
City: LARGO State: FL Zip Code: 33774

E-mail Address: tcn@macfar.com
(To be used for future annual report notices)

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 12/16/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	BENJAMIN MALLAH	1995 Ridge Road	Largo, FL 33774

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 12/13/2013 Daytime Phone # (727) 441-8966

Typed or printed name of signing Managing Member/Manager: BENJAMIN MALLAH

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Phone : (727)441-8966
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LIMITED LIABILITY REINSTATEMENT
CLEARWATER BEACH HOTEL SUITES, LLC

Certificate of Status	1
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