

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 JAN 16 PM 2:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MMJH

DOCUMENT # **L98000000871**

1. Limited Liability Company's Name

**Hospitality Ventures of Coral Springs,
L.C.**

000010156270
01/16/03--01044--002 **200.00

1/16 2002-2003

2. Principal Office Address

7550 NW 75 Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1370 W-Sixth St.

Suite, Apt. #, etc.

Suite 210

City & State

Parkland, FL

City & State

Cleveland OH

Zip

33067

Country

USA

Zip

44113

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6-24-98

6. FEI Number

65-0845886

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

Alexander J. Williams, Esq

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

150 S. Pine Island Rd

Suite, Apt. #, etc.

400

City

Ft. Lauderdale

State

FL

Zip Code

33324

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

1/17/03

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
MEM	Phoenix Hospitality L.C.	1370 W-6th Street, #210	Cleveland, OH 44113

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

[Signature]

MRS. MONROE

Date

12/31/02

Daytime Phone #

954-757-2430

Typed or printed name of signing Managing Member/Manager

N. MARCO

CR2EM1 (10/02)