

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 15 PM 4:20

DOCUMENT # L98000001196

1. Limited Liability Company's Name

Leesburg Innkeepers, LLC

2. Principal Office Address

26508 U.S. 19 North

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33761

Country

USA

3. Mailing Office Address

26508 U.S. 19 North

Suite, Apt. #, etc.

City & State

Clearwater, Florida

Zip

33761

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 23, 1998

6. FEI Number

59-3523312

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

Margena L. Hinely

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

26508 U.S. 19 North

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33761

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

Margena L. Hinely

REGISTERED AGENT MUST SIGN

Date Nov. 11, 1999

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
MGR	Margena L. Hinely	26508 U.S. 19 North	Clearwater, FL 33761
MGR	Marian J. Goodman	26508 U.S. 19 North	Clearwater, FL 33761
REINSTATEMENT		1999	700003051987--3 -11/22/99--01139--015 ****155.00 ****155.00

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

Margena L. Hinely

Date 11/11/99

Daytime Phone # 727 796-1234

Typed or printed name of signing Managing Member/Manager

Margena L. Hinely

CR2E041 (9/99)