

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 DEC 16 PM 4:48

DOCUMENT # L98000001980

1. Limited Liability Company's Name

Buena Vista Hotel Partners, L.C.

2. Principal Office Address

235 S. Maitland Avenue

Suite, Apt. #, etc.

Suite 216

City & State

Maitland, FL

Zip

32751

Country

USA

3. Mailing Office Address

12555 High Bluff Drive

Suite, Apt. #, etc.

Suite 330

City & State

San Diego, CA

Zip

92130

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

9/24/98

6. FEI Number

33-0852398

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ ~~Revoked~~

8. Name and Address of Current Registered Agent

Name

Berry J. Walker, Jr., Esq.

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

Walker & Associates

MJH

Suite, Apt. #, Etc.

235 Maitland Avenue South, Suite 216

City

Maitland

State
FL

Zip Code
32751

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

11/24/99

REGISTERED AGENT MUST SIGN

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	Trigild Corporation	12555 High Bluff Dr., Ste. 330	San Diego, CA 92130
MGRM	Hospitality Development Group, Inc.	1007 N. Federal Highway Ste. 125	Fort Lauderdale, FL 33304
			100003082641--5 -12/29/99--01007--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

Date

11/22/99

Daytime Phone #

858-481-6767

Typed or printed name of signing Managing Member/Manager William J. Hoffman, President, Trigild Corporation MGRM