

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JAN -4 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002006

1. Limited Liability Company's Name

Meristar Pink Shell, L.L.C.

2. Principal Office Address

1010 Wisconsin Avenue N.W. 1010 Wisconsin AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

1010 Wisconsin AVE.

Suite, Apt. #, etc.

City & State

Washington DC 20007

City & State

Washington DC 20007

Zip

20007

Country

United States

Zip

20007

Country

U.S.

4. State/Country of Formation
United States

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

9/28/98

6. FEI Number
650873009

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

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**

Susan Eldredge

REGISTERED AGENT MUST SIGN

Date 12/28/01

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
Pres	John Emery	1010 Wisconsin Ave. N.W.	Washington DC 20007
Sec	Christopher Bennett	1010 Wisconsin Ave. N.W.	Washington DC 20007
Treas	Bruce Wiles	1010 Wisconsin Ave. N.W.	Washington DC 20007

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**

Christopher Bennett

Date 12/21/01

Daytime Phone # 202295 2316