

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L 9800000 2221

1. Limited Liability Company's Name

Hospitality Development Advisors, L.L.C.

2. Principal Office Address

8008 S. Flagler Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

8008 S. Flagler Ct.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33405

Country

USA

City & State

West Palm Beach, FL

Zip

33405

Country

USA

100029072761

02/19/04--01015--027 **200.00

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/12/1998

6. FEI Number

65-1001309

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

Keith W. Meisel, P.A.

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

712 US Highway One

Suite, Apt. #, Etc.

Suite 230

City

North Palm Beach

State

FL

Zip Code

33408

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

REGISTERED AGENT MUST SIGN

Date

4/14/04

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
Mr. M.	John C. Metz	8008 S. Flagler Ct.	West Palm Beach, FL 33405

REINSTATEMENT 2003-2004
dce

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

2/4/04

Daytime Phone #

561-684-2101

Typed or printed name of signing Managing Member/Manager

John C. Metz

Keith W. Meisel, P.A.

Attorney at Law

Pavilion Office Center

*712 U.S. Highway One, Suite 230
North Palm Beach, Florida 33408-4521*

Telephone (561) 842-1025

Fax (561) 842-1375

April 14, 2004

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314

Re: Hospitality Development Advisors, L.L.C.

Dear Sir or Madam:

Enclosed please find the signed Limited Liability Company Reinstatement form for the above referenced corporation, pursuant to your letter dated March 2, 2004.

Should you have any questions, by all means please feel free to contact me.

Very truly yours,

KEITH W. MEISEL, P.A.

By:



Keith W. Meisel, Esquire

KWM/ecc
Enclosures