

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

L98000002376



DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L98000002376
Name and Mailing Address

03 NOV 14 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015675 01 MB 0.309 **AUTO T8 0 0615 21401-131014



BURDEN HOTEL ASSOCIATES, LC
114 ANNAPOLIS STREET
ANNAPOLIS MD 21401-1310

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2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/21/1998	
Principal Place of Business 6651 DARTER COURT FORT PIERCE FL 34945	3. New Principal Place of Business Address	6. FEI Number 05-0501385	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

10. 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 *W.F. Burruss, Jr.* REGISTERED AGENT MUST SIGN Date 11/13/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WFB HOLDINGS, LLC	114 ANNAPOLIS STREET	ANNAPOLIS MD 21401

300024896793
11/21/03--01008--017 #150.00

REINSTATEMENT 2003

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12. 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 *W.F. Burruss, Jr.* SIGNATURE REQUIRED Date 11/13/03 Daytime Phone # 410-280-8990

Typed or printed name of signing Managing Member/Manager William F. Burruss, Jr.

CR2E084 (7/03)