


1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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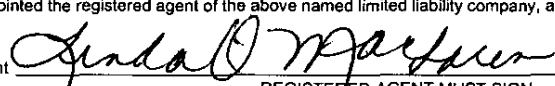
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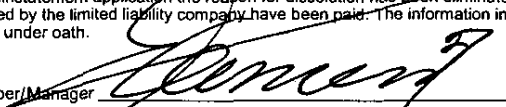
DOCUMENT # L98 00000 2414 1. Limited Liability Company's Name HOTEL 80, L.C.			
2. Principal Office Address 1000 Omni Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 1000 Omni Blvd. Suite, Apt. #, etc.	
City & State Newport News, VA		City & State Newport News, VA	
Zip 23606	Country US USA	Zip 23606	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/04/99	
6. FEI Number 65-0897192	Applied For Not Applicable
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		
Name Linda O. Maclaren		
Street Address (P.O. Box Number is Not Acceptable) 798 South Federal Highway		
Suite, Apt. #, Etc.		
City Boca Raton	State FL	Zip Code 33429

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 3/5/04
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	Nick Economos	9279 Legare Street	Boca Raton, FL 33434
MGR	Arthur Diamonstein	1086 Algonquin Road	Norfolk, VA 23505
MGR	Barry Comess	10823 Weathervane Road	Richmond, VA 23233
MGR	Allan Comess	401 Atlantic Ave, Apt. 1206	Virginia Beach, VA 23451
REINSTATEMENT 2003-2004			

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 03/04/04	Daytime Phone # (757) 591-3519
Typed or printed name of signing Managing Member/Manager Nick Economos- Managing Member		

CR2E041 (10/02)