

L 99000002680

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 19 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

 FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS
DOCUMENT # **L99000002680**

1. Limited Liability Company's Name

Metro Two Hotel, LLC

 900009140789
 11/21/02--01014--006 **150.00

2. Principal Office Address

148 Sheraton Drive

3. Mailing Office Address

148 Sheraton Drive

Suite, Apt. #, etc.

Box A

Suite, Apt. #, etc.

Box A

City & State

New Cumberland, PA

City & State

New Cumberland, PA

Zip

17070

Country

Zip

17070

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

May 11, 1999

6. FEI Number

522186740

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

KORRIA A. BEHLER

11/13/02

REGISTERED AGENT MUST SIGN

Special Assistant Secretary

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
Mngr	Hasu P. Shah	148 Sheraton Drive, Box A	New Cumberland, PA 17070

REINSTATEMENT 2002

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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 11-13-2002 Daytime Phone # 717/770-2405

Type or printed name of signing Managing Member/Manager

Hasu P. Shah

CROCEAT (R01)