

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000005379

1. Limited Liability Company's Name

OBT HOTEL LLC

REINSTATEMENT 200

2. Principal Office Address

100 2nd Avenue S. Suite 904

3. Mailing Office Address

100 2nd Avenue S. Suite 904

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

Zip

33701

Country

USA

Zip

33701

Country

USA

4. State/Country of Formation

Florida/USA

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

August 30, 1999

6. FEI Number

59-3595047

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

RAZOOK, RICHARD J

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

C/O FOLEY & LARDNER 800 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 201

City

MIAMI

State

FL

Zip Code

33131

900004702509-4

12/03/01-01066-010

****150.00 ****150.00

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 11/8/01

10. Names and Street Addresses of Managing Members/Managers

Titles	Names of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RAZOOK, FRED S., JR.	330 COFFEE POT RIVIERA, N.E.	ST. PETERSBURG, FL 33704
MGR	RAZOOK, RICHARD J.	800 BRICKELL AVENUE, SUITE 201	MIAMI, FL 33131
MGR	MOENCH, CHRISTOPHER S.	1101 SNELL ISLE BLVD., N.E.	ST. PETERSBURG, FL 33704
MGR	SALZER, BRADLEY S.	3322 JEAN CIRCLE	TAMPA, FL 33629
MGR	RUTLEDGE, J. MARK	1257 SNELL ISLE BLVD., N.E.	ST. PETERSBURG, FL 33704

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 11/02/01 Daytime Phone # (727) 825-7717

Typed or printed name of signing Managing Member/Manager Bradley S. Salzer