

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

01 MAR -7 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006103

1. Limited Liability Company's Name

TELEMATRIX EQUIPMENT, LLC

2. Principal Office Address

C/O LA QUINTA INN, INC.  
909 HIDDEN RIDGE

Suite, Apt. #, etc.

SUITE 600

City & State

IRVING, TX

Zip

75038

Country

U.S.

3. Mailing Office Address

C/O LA QUINTA TAX DEPT.  
P.O. BOX 2636

Suite, Apt. #, etc.

City & State

SAN ANTONIO, TX

Zip

78299-2636

Country

U.S.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

9/27/99

6. FEI Number

74-2990808

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

CORPORATION SERVICE COMPANY

200004076922-4

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

1201 HAYS STREET

-04/25/01 --01045--018

\*\*\*\*200.00 \*\*\*\*200.00

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

Margaret M. Oall, Authorized Representative Date 3/1/07

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
MGR	FRANCIS W. CASH	SUITE 600 909 HIDDEN RIDGE	IRVING, TX 75038
	100.00		
	50.00		
	50.00		

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

Francis W. Cash

Date 2/23/01

Daytime Phone # (214) 492-6600

Typed or printed name of signing Managing Member/Manager

FRANCIS W. CASH