1062

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Dec 08, 2008 8:00 A.M.
Secretary of State

DOCUMENT # M01000000738

CR2E041 (10/08)

1. Limited Liability Company's Name

CPI-Sage Hotels Lessee, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1512 Larimer St.		1512 Larimer St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
800		800	
City & State		City & State	
Denver, CO		Denver, CO	
Zip	Country	Zip	Country
80202	USA	80202	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 4/03/2001

6. FEI Number: 8451501075 ☐ 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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: James Martin Assistant Secretary — Date: 12/8/08

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CP-SAGE FCSRD SRVC URBN HTLS VNTRS LLC	1512 Larimer St. Suite 800	Denver, CO 80202
MGR	Courteney Parker	1512 Larimer St Suite 800	Denver, CO. 80202

REINSTATEMENT 08AL

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 608.408, 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: 12/8/08 Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: Courteney Parker

FL LLR, [illegible] CT System Online

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

CPI-SAGE HOTELS LESSEE, LLC

Certificate of Status	0
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