FROM :EMPIRE CORPORATE KIT CO FAX NO. : ... 07 2005 04:34PM P3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 NOV 15 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M01000000935

1. Limited Liability Company's Name
Fernandina Beach Hotel Group, LLC.

2. Principal Office Address	3. Mailing Office Address
2707 Sadler Road	Marc Realty c/o Best Western Inn at Amelia Island
Suite, Apt. #, etc.	Suite, Apt. #, etc. 55 East Jackson Blvd. Suite 500
City & State: Fernandina Beach, FL	City & State: Chicago, Illinois
Zip: 32034 Country:	Zip: 60604 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 4/26/2001

6. FEI Number: 364328217 ☐ 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: Alan K. Marcus, P.A

Street Address (P.O. Box Number is Not Acceptable): 1320 S. Dixie Highway

Suite, Apt. #, Etc.: Suite 1045

City: Coral Gables State: FL Zip Code: 33146

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: [signature] Date: 11/8/05
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	Michael Mollod	25 Adam Lane P.O. Box 1307	Westhampton Beach, NY 11978

REINSTATEMENT 2004-2005

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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: [signature] Date: ______ Daytime Phone #: ______

Typed or printed name of signing Managing Member/Manager: ______