

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JAN -8 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002900

1. Limited Liability Company's Name

RESOURCE MOTELS LLC

2. Principal Office Address

3939 ULMERTON RD

Suite, Apt. #, etc.

3. Mailing Office Address

3939 ULMERTON RD

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33762

Country

USA

Zip

33762

Country

USA

4. State/Country of Formation

NJ - USA

5. Date Organized or Qualified
To Do Business in Florida

11/04/2002

6. FEI Number

04-3716736

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

Kent Runnels

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

101 MAIN STREET

Suite, Apt. #, etc.

SUITE A

City

SAFETY HARBOR

State

FL

Zip Code

34695

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]

REGISTERED AGENT MUST SIGN

Date

10/16/03

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
<u>MGRM</u>	<u>DAVID HEATH</u>	<u>1934 RARITON RD</u>	<u>SCOTCH PLAINS NJ 07076</u>
<u>MGRM</u>	<u>VIJAY KISHORE</u>	<u>39 JULIE COURT</u>	<u>SOMERSET, NJ 08873</u>
<u>MGRM</u>	<u>JAMES HEATH</u>	<u>1934 RARITON ROAD</u>	<u>SCOTCH PLAINS NJ 07076</u>

REINSTATEMENT

03

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

11/18/03

Daytime Phone #

727 573 6049

Typed or printed name of signing Managing Member/Manager

CR2ED01 (10/02)