

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

05 OCT 19 AM 11:50

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

CR2E041 (8/05)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M03000003997

1. Limited Liability Company's Name
 Atlantic Blvd, LLC
 DBA Suburban Extended Stay Hotel

2. Principal Office Address 2839 Paces Ferry Road		3. Mailing Office Address 2839 Paces Ferry Road	
Suite, Apt. #, etc. Ste 560		Suite, Apt. #, etc. Ste 560	
City & State Atlanta, Georgia		City & State Atlanta, Georgia	
Zip 30339	Country USA	Zip 30339	Country USA

State/Country of Formation
Georgia / USA

8. Date Organized or Qualified To Do Business in Florida

9. FE Number
47-2042731

Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED If all information is completed on a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Mr. Joe Weatherly

Street Address (P.O. Box Number is Not Acceptable)
210 St. John's Bluff Road

City
Jacksonville

State
FL

Zip Code
32225

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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 *Joe Weatherly* Date **10/18/2005**

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
<i>McM</i>	William Bowen	2839 Paces Ferry Road	Atlanta, Georgia 30339
<i>McM</i>	George LaHood	470 Fellowship Home Lane	Valdosta, Georgia 31602

REINSTATEMENT *2004-2005 WSB*

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 *William D. Bowen* Date **11/1/05** Daytime Phone # **678-842-0633**

Typed or printed name of signing Managing Member/Manager **WILLIAM D. BOWEN**