

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 14 AM 6:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M12000006132

1. Limited Liability Company's Name

Packard Hospitality Management, LLC

CR2E041 (12/13)

2. Principal Office Address - No P.O. Box #

8775 Aero Drive

3. Mailing Office Address

8775 Aero Drive

4. State/Country of Formation

California

Suite, Apt. #, etc.

Suite 335

Suite, Apt. #, etc.

Suite 335

5. Date Organized or Qualified
To Do Business in Florida

October 31, 2012

City & State

San Diego, CA

City & State

San Diego, CA

6. FEI Number

46-1286805

☐ Applied For

☐ Not Applicable

Zip

92123

Country

USA

Zip

92123

Country

USA

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

E-mail Address:

700256762417

Steve@packard-1.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

Sue G. Knight

Sue G. Knight

Assistant Vice President

Date

2-14-14

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
AMBR	Michael Goldstein	8775 Aero Drive, Suite 335	San Diego, CA 92123

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of

Authorized Person

Michael Goldstein

Date

2-13-14

Daytime Phone # (858) 277-4305

Typed or printed name of signing Authorized Person Michael Goldstein, Managing Member



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 014250 7360606

AUTHORIZATION

COST LIMIT \$ 407.50

ORDER DATE : February 13, 2014

ORDER TIME : 9:0 AM

ORDER NO. : 014250-005

CUSTOMER NO: 7360606

REINSTATEMENT

NAME: PACKARD HOSPITALITY
MANAGEMENT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

RECEIVED
2014 FEB 14 12 10:50
SUSIE KNIGHT
CSC

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