

APPLICATION FOR  
REINSTATEMENT FOR  
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR -3 AM 9:39

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # M96000000042**

**PruDavidson Tampa, L.L.C.**  
c/o Davidson Hotel Company  
1755-D Lynnfield Road, Suite 142  
Memphis, TN 38119

1a. Principal Place of Business Address

1755-D Lynnfield Rd., Suite 142  
Memphis, TN 38119

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

2/7/96

3a. State of Formation

New Jersey

4. FEI Number

59-3349667

☐ Applied For

☐ Not Applicable

5. Date of Last Report

N/A

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

**CT Corporation System**  
1200 South Pine Island Road  
Plantation, FL 33324

Name

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

500002479055--7

Suite, Apt. #, etc.

-04/06/98--01007--001

City

\*\*\*\*877.50 \*\*\*\*877.50

FL

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

*Dono Brillo*

Date

3/27/98

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Wilton D. Hill	1755-D Lynnfield Road, Suite 142	Memphis, TN 38119
MGRM	The Prudential Insurance Company of America	c/o 8 Campus Drive Arbor Circle South	Parsippany, NJ 07054

**REINSTATEMENT**

97-98  
dec

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

*Wilton D Hill*

Date

1/21/98

Daytime Phone # 901-761-4664

Typed or printed name of signing Managing Member-Manager

Wilton D. Hill