

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL
AND
FILED

02 JAN 17 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M9600000411

1. Limited Liability Company's Name

AGH UPREIT LLC.

REINSTATEMENT

2001-2002

2. Principal Office Address

1010 WISCONSIN AVE,

Suite, Apt. #, etc.

N.W.

City & State

WASHINGTON, DC

Zip 20007

Country U.S.A.

3. Mailing Office Address

1010 WISCONSIN AVE,

Suite, Apt. # etc.

N.W.

City & State

WASHINGTON, DC

Zip 20007

Country U.S.A.

4. State/Country of Formation

DE / USA

5. Date Organized or Qualified To Do Business in Florida

10-21-96

6. FEI Number

75-2656872

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

CT Corporation System

200004795342

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

1200 South Pine Island Road

01/24/02-01889-001

****150.00 ****150.00

Suite, Apt. #, Etc.

200004795342

City

Plantation

State FL

33324

01/24/02-01889-002

****150.00 ****150.00

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]

ANUSHA PUTTY ASSISTANT SECRETARY

Date 1/14/02

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
MEM	CHRISTOPHER L. BENNETT	1010 WISCONSIN AVE, NW, WASHINGTON	DC 20007

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 it made under oath.

Signature of Managing Member/Manager

[Signature]

Date 1/11/02

Daytime Phone # 202 295 1055

Typed or printed name of signing Managing Member/Manager CHRISTOPHER L. BENNETT