

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M97000000269

Name and Mailing Address

0011285 01 SP 0.370 \*\*SGLP

0615 30084

FRENCH QUARTER II, LLC  
C/O RADISSON HOTEL ATLANTA N' LAKE  
4156 LA VISTA ROAD  
TUCKER GA 30084



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

05/16/1997

Principal Place of Business

RADISSON BEACH RESORT-FT. WALTON  
1110 SANTA ROSA BLVD.  
FT. WALTON BEACH FL

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

58-2315612

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

**Brian Courtney**  
REGISTERED AGENT MUST SIGN  
Asst. V. Pres

Date

10/25/02

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing<br>Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|----------|--------------------------------------|---|--------------------|
| MGR      | FRENCH QUARTER HOLDING, INC.         | 4156 LA VISTA ROAD                                | TUCKERGA 30084     |
|          |                                      |   |                    |
|          |                                      |   |                    |
|          |                                      |   |                    |
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|          |                                      |   |                    |

200008699072  
10/30/02--01065--010 \*\*150.00

REINSTATEMENT

12. 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

Date

10/24/02

Daytime Phone #

678-937-0088

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)