

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 MAR 16 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M98-624

1. Limited Liability Company's Name

CANDLEWOOD ORLANDO, FL-ALTAMONTE SPRINGS, LLC

2. Principal Office Address

8621 E. 21ST ST. N.

Suite, Apt. #, etc.

SUITE 200

City & State

WICHITA KS

Zip

67206

Country

USA

3. Mailing Office Address

8621 E. 21ST ST. N.

Suite, Apt. #, etc.

SUITE 200

City & State

WICHITA, KS

Zip

67206

Country

USA

4. State/Country of Formation

DELAWARE

**5. Date Organized or Qualified
To Do Business in Florida**

06/12/1998

6. FEI Number

59-3498806

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

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

1200 SOUTH PINE ISLAND BLVD

Suite, Apt. #, Etc.

City

PLANTATION

600003892956--2

-03/22/01--01071--011

*****50.00 *****50.00

600003892956--2

-03/22/01--01071--012

*****150.00 *****150.00

State

FL

Zip Code

33324

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

See Attached

Date

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
MEMBER	CANDLEWOOD HOTEL COMPANY, INC.	8621 E. 21ST ST. N. #200	WICHITA, KS 67208

REINSTATEMENT

See Attached

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

Thomas Kennedy

Date 12/28/00

Daytime Phone # 316-630-5520

Typed or printed name of signing Managing Member/Manager VP-CONTROLLER FOR CANDLEWOOD HOTEL COMPANY, INC.

ACCEPTANCE OF APPOINTMENT

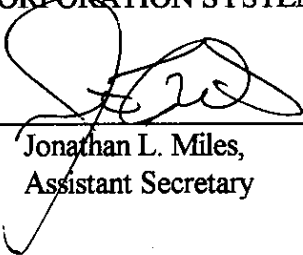
RE: **Candlewood Orlando, Fl-Altamonte Springs, LLC**

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above limited liability corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: December 28, 2000

C T CORPORATION SYSTEM

By



Jonathan L. Miles,
Assistant Secretary