PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMULED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 AUG 27 PM 2: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT# 17800000113H

1. Limited Liability Company's Name

| 2. Principal Office Address DIO WISCONS IN FUE Suite, Apt. 8, etc. N : W. N : W. City & State Oty & Sta | meristar Seaside In | | -08/30/0201011030 ****200.00 ****200.00 | |
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| Suite, Apt. 8 etc. N : W. City & State City & State Country DOOD 1 U.S.A. Share and Address of Country DOOD 1 U.S.A. Share and Address of Country State Address of Country DOOD 1 U.S.A. Share appointed the registered agent of the above named limited liability company, and familiar with and accept the obligations of Chapter 608, F.S. Suite, Apt. 8 etc. City A State Asst. Secretary & V. President Registered Agent Asst. Secretary & V. President Date Managing Memberra/Manager Mingram Moni Start Addresse of Managing Memberra/Managers Mingram Moni Start Addresses of Managing Memberra/Managers Mingram Moni Start Hospitality 1010 WISCONETH Are, Waschington D., Operaning Arrmurs/Mp, N ' W. Operaning Arrmurs/Mp, N ' W. Date & 119(0) Day/min Proce \$ 20212952316 Date & 119(0) Day/min Proce \$ 20212952316 Date & 119(0) Day/min Proce \$ 20212952316 | | | | |
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| City & State Country DOOD Country DOOD Country Coun | | | SE | |
| City & State Washington DC Washington DC Country Application | N.W. | 5. Date | Organized or Qualified | |
| Name Street Address of Chapter State S | | | | |
| State Address of Managing Members/ Managers Name of Managers Name of Managing Members/ Managers Name of Managing Members/ Managers Name of Managing Members/ Managers Name of Managers Name of Managing Members/ Managers Name of Managing Memb | 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | WMMS TONITOCI 6 | | |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. 6, Etc. City PLANANON 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Judith B. Argao Asst. Secretary & V. President Registered Agent Registered Agent Must Sign 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/ Managers Street Address of Each Managing Members/ Managers Titles Managing Members/ Managers Managing Members/ Managers Name of Managing Members/ Managers Titles Managing Members/ Managers Name of Managing Members/ Managers Managing Members/ Managers Name of Managing | "", "" | 1 . ' | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite. Apt. #, Etc. City Plantanon FL 33384 9. 1, 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 | 8. Name and Address of Current Registered Agent | | | |
| Suite. Apt. #, Etc. City Plantanon State Zip Code FL 33304 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F. S. Judith B. Argao Asst. Secretary & V. President Registered Agent Registered Age | | | | |
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| Signature of Registered Agent | city Plantation | | | |
| Asst. Secretary & V. President REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Titles Managing Members/ Managers Street Address of Each Managing Members/ Managers Note and Managing Members/ 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 progration indicated on this application is true and accurate, and my signature shall have the same legal effect as it made under oath. Date \$1902 Daytime Phone # 2021295 2316 | 9. 1, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. | | | |
| 10. Names and Street Addresses of Managing Members/Managers Name of Managing Members Managing Members | Registered Agent Asst. Secretary & V. President Date 8/23/02 | | | |
| Titles Name of Managing Members Managers Street Address of Each Manager MCRM Mori Stor Hospitaling Decaning farmership, N. W. D. Decaning filling 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 promation indicated on this application is true and accurate, and my signature shall have the same legal effect as It made under cath. Date \$119[02] Daytime Phone # 2021295 2316 | | | | |
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| | Signature of Managing Member/Manager | Date 8119102 | - Daytime Phone # 102/295 2316 | |
| yped or printed name of signing Managing Member/Manager INEKISTAN HUSTIALITY OF CHATTING PARTNERSHIP, LP | | | | |