

FILE SE RE INSTRUCTIONS FOR COMPLETING THE FORM  
**MA6000001127**  
**FILED**

**LIMITED LIABILITY  
 COMPANY  
 REINSTATEMENT**



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

02 AUG 27 PM 2:11

SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

DOCUMENT # **MA6000001127**

1. Limited Liability Company's Name

**Meristar Marco Island Company, L.L.C.**

000007448210--0  
 -08/30/02--010  
 \*\*\*\*\*200.00 \*\*\*\*\*200.00

2. Principal Office Address

**1010 WISCONSIN AVE**

3. Mailing Office Address

**1010 WASHINGTON AVE.**

Suite, Apt. #, etc.

**N.W.**

Suite, Apt. # etc.

**N.W.**

City & State

**Washington, DC 20007**

City & State

**Washington, D.C.**

Zip

**20007**

Country

**U.S.A.**

Zip

**20007**

Country

**U.S.A.**

4. State/Country of Formation

**DE**

5. Date Organized or Qualified  
 To Do Business in Florida

**10/02/1998**

6. FEI Number

**593540022**

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)

**12005 Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

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

*J. Argao*

**Judith B. Argao  
 Asst. Secretary & V. President**

REGISTERED AGENT MUST SIGN

Date

**8/23/02**

**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
MGRM	Meristar Hospitality operating Partnership, L.P.	1010 WISCONSIN AVE, N.W.	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

*Chedda*

Date

**8/19/02**

Daytime Phone #

**202 2952316**

Typed or printed name of signing Managing Member/Manager

**MERISTAR HOSPITALITY OPERATING PARTNERSHIP, L.P.**