

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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 # 7798000001128

1. Limited Liability Company's Name

Meristar Shirley's Parcel Company LLC

400007448354--2

-08/30/02--01011--029

****200.00 ****200.00

2. Principal Office Address

3. Mailing Office Address

1010 Wisconsin Ave 1010 Wisconsin Ave

Suite, Apt. #, etc.

Suite, Apt. # etc.

N.W.

N.W.

City & State

City & State

Washington DC

Washington, DC

Zip

Country

Zip

Country

20007

U.S.A.

20007

U.S.A.

4. State/Country of Formation

De

5. Date Organized or Qualified
To Do Business in Florida

10/21/98

6. FEI Number

650872206

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 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

[Signature]

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
<u>MGRM</u>	<u>Meristar Hospitality</u>	<u>1010 Wisconsin Ave N.W.</u>	<u>Washington, DC</u>
	<u>Operating Partnership, L.P.</u>		<u>20007</u>

REINSTATEMENT

01/02
dec

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 8/19/02

Daytime Phone #

(202) 295 2316

Typed or printed name of signing Managing Member/Manager

MERISTAR HOSPITALITY OPERATING PARTNERSHIP, L.P.