M98000001129

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
02 AUG 27 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001129

1. Limited Liability Company's Name
9/28/01
Meristar Sundial Beach Company LLC

2. Principal Office Address	3. Mailing Office Address
1010 Wisconsin Ave	1010 Wisconsin Ave
Suite, Apt. #, etc. N.W.	Suite. Apt.# etc. N.W.
City & State Washington, DC	City & State Washington, DC
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 10/2/98

6. FEI Number 650873007 ☐ 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

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BK

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: 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, LP	1010 Wisconsin Ave, N.W.	Washington, DC 20007

REINSTATEMENT 2001-2002

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) 293 2316

Typed or printed name of signing Managing Member/Manager: MERISTAR HOSPITALITY OPERATING PARTNERSHIP, LP