

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

178/27

02 AUG 27 PM 2:45

DOCUMENT # M98000001131

1. Limited Liability Company's Name

Meristar Safety Harbor
Company, LLC

100007445641--8
-08/30/02--01011--005
****200.00 ****200.00

2. Principal Office Address
1010 Wisconsin Ave

3. Mailing Office Address
1010 Wisconsin Ave

Suite, Apt. #, etc.
N.W.

Suite, Apt.# etc.
N.W.

4. State/Country of Formation
DE

City & State
Washington DC

City & State
Washington, DC

5. Date Organized or Qualified
To Do Business in Florida
10/02/1998

Zip
20007

Country
U.S.A.

Zip
20007

Country
U.S.A.

6. FEI Number
593540019

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

REGISTERED AGENT MUST SIGN
Judith B. Argao
Asst. Secretary & V. President

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
MGR/AM	Meristar Hospitality operating Partnership, L.P.	1010 Wisconsin Ave, N.W.	Washington, DC, 20007
			2001-2002
REINSTATEMENT			

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.