

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
99 NOV 19 PM 3:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

M98000001595

1. Limited Liability Company's Name

HMH RESTAURANTS II LLC

2. Principal Office Address

10400 Fernwood Road

Suite, Apt. #, etc.

Suite 500

City & State

Bethesda, Maryland

Zip

20817-1109

Country

USA

3. Mailing Office Address

10400 Fernwood Road

Suite, Apt. #, etc.

Suite 500, Dept. 72/862

City & State

Bethesda, Maryland

Zip

20817-1109

Country

USA

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

12/28/1998

6. FEI Number

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

The Prentice-Hall Corporation System, Inc.

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

By: **Gloria M. Barry, Dist. Secy.**
REGISTERED AGENT MUST SIGN

Date **11/18/99**

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
MNGR	CHRISTOPHER G. TOWNSEND	10400 Fernwood Road	Bethesda, MD 20817-1109
MNGR	ROBERT E. PARSONS, JR.	10400 Fernwood Road	Bethesda, MD 20817-1109
			500003050075--0

**STATEMENT
REINSTATEMENT**

1999

NO CUS

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 if made under oath.

Signature of
Managing Member/Manager

Date **11/10/99**

Daytime Phone # **(301) 380-7574**

Typed or printed name of signing Managing Member/Manager **Christopher G. Townsend**



ACCOUNT NO. : 072100000032

REFERENCE : 487027 4380006

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : November 18, 1999

ORDER TIME : 10:11 AM

ORDER NO. : 487027-005

CUSTOMER NO: 4380006

CUSTOMER: Ms. Susan Wallace, Dept 72.862
HOST MARRIOTT CORPORATION
HOST MARRIOTT CORPORATION
10400 Fernwood Rd.

Bethesda, MD 20817

DOMESTIC FILING

NAME: HMH RESTAURANTS II LLC

EFFECTIVE DATE:

XX LIMITED LIABILITY COMPANY REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS: _____

RECEIVED
99 NOV 19 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATION
TAL LAMARQUE, T10004