

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



M99000000044

FILED

02 OCT 28 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M99000000044

Name and Mailing Address

0007882 01 FP 0.352 **PRSRT T4 0 0615 38117-457805



SOUTHEAST HOTEL PARTNERS II, LLC
5178 WHEELIS DRIVE, SUITE 5
MEMPHIS TN 38117-4578



2. New Mailing Address

City, State, Zip

Principal Place of Business

5178 WHEELIS DRIVE, SUITE 5
MEMPHIS TN 38117

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

TN

5. Date Organized or Qualified
To Do Business in Florida

01/08/1999

6. FEI Number

62-1765161

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

WRIGHT, MICHAEL E
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name

STEPHEN BALTON

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

2942 SCENIC HWY 98 UNIT A

City

Destin

FL

Zip Code

32541

10. 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

Date 10-22-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BALTON, STEPHEN M	5178 WHEELIS DRIVE, SUITE 5	MEMPHIS TN 38117
MEM	JACKSON, TIM	2274 DOGWOOD GLENN COVE	GERMANTOWN TN 38139

REINSTATEMENT

2002

900008630109

10/26/02--01105--001 **150.00

12. 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 10-22-02 Daytime Phone # 901-761-3171

Typed or printed name of signing Managing Member/Manager

STEPHEN BALTON

CR2E084 (8/02)