2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N97000002935

1. Entity Name
CAPITAL HOTEL & RESTAURANT GROUP AT SAND LAKE COMMONS, INC.

FILED
09 JUN 22 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
06/23/09--01002--005 **297.50
500157561125
05152009 REIN-NP CR2E099 (1/07)

Principal Place of Business	Mailing Address
9350 TURKEY LAKE ROAD C/O COMFORT SUITES ORLANDO, FL 32819	2626 GLENWOOD AVENUE STE 225 RALEIGH, NC 27608

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2901 Butterfield Road	2901 Butterfield Road
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Oak Brook, Illinois	City & State: Oak Brook, Illinois
Zip: 60523-1106 / Country: DuPage	Zip: 60523-1106 / Country: DuPage

4. FEI Number: 62-1697102 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COMFORT SUITES HOTEL 9350 TURKEY LAKE ROAD ATTN: GENERAL MANAGER ORLANDO, FL 32819	Name: c/o CT Corporation Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Chris McNeair Assistant Secretary 6/22/09
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $297.50 — **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ☒ Delete	TITLE	Director/President ☐ Change ☒ Addition
NAME	CROCKETT, KENNETH R	NAME	Marcel Verbaas, 200 S. Orange Ave.,
STREET ADDRESS	2626 GLENWOOD AVE, STE 200	STREET ADDRESS	#1200, Orlando, Florida 32801
CITY-ST-ZIP	RALEIGH, NC 27608	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME	SEAY, PHILLIP R	NAME	Scott W. Wilton, 2901 Butterfield Rd.
STREET ADDRESS	4310 SMOKEY ROAD	STREET ADDRESS	Oak Brook, IL 60523-1106
CITY-ST-ZIP	NEWNAN, GA 30263	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	Dir./Sr. V.P. Craig E. Lambert ☐ Change ☒ Addition
NAME	SEAY, WILLIS B II	NAME	
STREET ADDRESS	1900 HIGHWAY 212	STREET ADDRESS	200 S. Orange Ave., #1200
CITY-ST-ZIP	CONYERS, GA 30208	CITY-ST-ZIP	Orlando, Florida 32801
TITLE	☐ Delete	TITLE	Dir./Dr. Robert Posniak ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	9350 Turkey Lake Road
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, Florida 32801
TITLE	☐ Delete	TITLE	Dir./Dr. Stephen Bravo ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	200 S. Orange Ave., #1200
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, Florida 32801
TITLE	☐ Delete	TITLE	Treasurer, Lori J. Foust ☐ Change ☒ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	2901 Butterfield Road
CITY-ST-ZIP		CITY-ST-ZIP	Oak Brook, IL 60523-1106

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott W. Wilton, Secretary 630-218-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #