


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

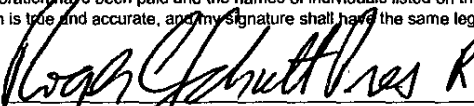
CORPORATION REINSTATEMENT 97-03		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000084433			
1. Corporation Name PREMIER HOSPITALITY PROPERTIES II, INC.			
2. Principal Office Address 4235 S.E. 20TH PL		3. Mailing Office Address 423	
Suite, Apt. #, etc. B-401		Suite, Apt. #, etc. B-401	
City & State CAPE CORAL, FL		City & State CAPE CORAL, FL	
Zip 33904	Country U.S.A.	Zip 33904	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 01/01/1996	
5. FEI Number 14-1787246	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name ROGER L. SCHUTT	
Street Address (P.O. Box Number is Not Acceptable) 4235 S.E. 20TH PLACE	
Suite, Apt. #, Etc. B-401	
City CAPE CORAL,	
900021651253 07/18/03--01098--004 ** 065.00	900021651253 07/18/03--01098--004 ** 065.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 7/14/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.S. / TVR	ROGER L. SCHUTT	4235 S.E. 20TH PLACE B-401	CAPE CORAL, FL 33904

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: 	ROGER L. SCHUTT 7/14/03 585-393-0454 0
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

9065 (1997-2003) + \$ 75 CERTIFICATE OF STATUS 585-820-0072 C
585-396-3213 F
7/1/01

CR2E081 (10/02)

WAIVER REQUEST
REINSTATEMENT FEE

PREMIER HOSPITALITY PROPERTIES II. INC.

FILE # P95000084433

FEIN # 14-1787246

JULY 14, 2003

~~FLORIDA DEPARTMENT OF STATE~~
SECRETARY OF STATE-DIVISION OF
CORPORATIONS

ATTENTION: CORPORATION REINSTATEMNT

DEAR SIRs,

I AM SEEKING A WAIVER OF THE REINSTATEMENT FEE ONLY FOR PREMIER HOSPITALITY PROPERTIES II, INC. WE NEVER RECEIVED THE 1997 ANNUAL REPORT NOR FOR YEARS 1998-2003 AS IT MUST HAVE BEEN SENT TO OUR ORIGINAL ADDRESS IN BLOOMINGTON, INDIANA AND THEN NOT FORWARDED AS THE 9 MONTH - 1 YEAR U.S. POSTAL SERVICE FORWARDING TIME PERIOD EXPIRED.

OUR CORPORATIN HAS BEEN ACTIVE AND IS DOING BUSINESS IN NEW YORK STATE AS A FOREIGN CORP AND HAS FILED ANNUAL FEDERAL AND N.Y.S. TAX RETURNS SINCE 1996-2002. PLEASE FIND ENCLOSED OUR REINSTATEMENT APPLICATION ALONG WITH CHECKS FOR \$1,065.00 FOR ANNUAL REPORT YEARS 1997-2003 AND A CHECK FOR \$8.75 TO COVER A CERTIFICATE OF STATUS TO VERIFY OUR CORPORATION BEING REINSTATED.

PLEASE CONTACT ME BY PHONE 585-393-0454 OR E-MAIL RLSCHUTT21@AOL.COM IF YOU HAVE ANY

QUESTIONS OR REQUIRE FURTHER INFORMATION.
YOUR CONSIDERATION OF THIS REQUEST IS GREATLY
APPRECIATED AS WELL AS PROCESSING OF OUR
REINSTATEMENT APPLICATION

SINCERELY,

Roger L. Schutt 7/14/03

ROGER L. SCHUTT, PRESIDENT
~~PREMIER-HOSPITALITY-PROPERTIES-II, INC.~~

IF YOU DO NOT ALLOW FOR FORWARDING OF YOUR
MAIL FROM OYUR FLORIDA ADDRESS PLS MAIL THE
STATUS CERTIFICATE TO 5581 LOCHCREST CIRCLE,
CANANDAIGUA, N.Y. 14424 AS I WILL BE UP NORTH ON A
PROJECT UNTIL AUGUST 31ST. THANK YOU !
