PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		FILED
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State	10 APR 23 AM 9: 13
REINSTATEMENT	DIVISION OF CORPORATIONS	TO REAL OF STATE
DOCUMENT #191 0000 28456		SEST TWILL OF STATE TALLAHARSEE FLORIDA
1. Corporation Name		}
TALLA HASSEE MOTEL ASSOC	ARES , INC	
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	500177297785 04/23/10 <u>01053</u> 204**600.00
800 S. MILWALLKEF AVE	800 S. MILWALL KEE AVE	REINSTATEMENT 27-12
Suite, Apt. #, etc	Suite, Apt. #, etc.	4. Date incorporated or Qualified
S(E 70 City & State	STE 170	To Do Business in Florida
LIBERTYVILLE EL	UBERTYVILLE, IL	5. FEI Number Applied For Not Applicable
Zip Country	Zip Country	6. — 58.75 Additional Fee required
boots Us	600fs US	CERTIFICATE OF STATUS DESIRED Sort 3 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent		PROFIT CORPORATIONS ONLY
Name NENNIS R FG(D)		The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did
Street Address (P.O. Box Number is Not Acceptable) 246 SPRAGUNE DR		not receive the prior notices. By checking
Suite. Apt. #, Etc		this box, you are certifying the prior notices were not received and requesting
City	State Zip Code	the reinstatement fee be waived.
NAPUEL	FL 34102	
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 Auruin R. Gul-		Date 4 22 10
REGISTE ED AGENT MUST SIGN		
	d/or Director (Florida nonprofit corporations must list at le	
Titles Name of Officers and/or Directors	Street Address of Eac Officer and/or Directo	
PREL DENNIS R EGIDI	800 S. MILWAUKEE F	VE, SIEMO LIBERTY VILLE, IL 60018
DIR RICHARD STRAW	2800 BROADNAY BU	A BLOOMFIELD, MI, 48301
10. E-mail Address:		
(To be used for future annual report notification) 11. I cartify 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		
11 f certify that fam an officer or director or the receiver or trustee empowered to execute this application as provided in includes 0.0 in 0.07, F.S. initial certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 F.S., that all fees owed by the corporation have been paid. I further certify, 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: 41210 847-816-6460 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		

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