

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM APR 26 PM 4:31

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

08-10

REINSTATEMENT

900177725689 04/26/10--01067--009 **150.00 900177725689 04/26/10--01067--007 **150.00 900177725689 04/26/10--01067--008 **150.00

CR2E081 (4/10)

4. Date Incorporated or Qualified To Do Business in Florida 1-16-1998

5. FEI Number 59-3493232 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] \$8.75 Additional Fee required for a Certificate of Status

PROFIT CORPORATIONS ONLY [X] The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

DOCUMENT# P98000004920

1. Corporation Name LOUQUE HOSPITALITY CORPORATION 2399 S. BYRON BUTLER PERRY FL 32348

2. Principal Office Address - No P.O. Box # 2399 S. BYRON BUTLER 3. Mailing Office Address 224 S. SANTA ANITA AVE

Suite, Apt. #, etc. HAMPTON INN Suite, Apt. #, etc.

City & State PERRY FL City & State ARCADIA, CA

Zip 32348 Country USA Zip 91006 Country USA

7. Name and Address of Current Registered Agent

Name RAO R. YALAMANCHILI Street Address (P.O. Box Number is Not Acceptable) 2399 S. BYRON BUTLER Suite, Apt. #, Etc. HAMPTON INN City PERRY State FL Zip Code 32348

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 [Signature] Date 4/20/10 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include P/D RAO R. YALAMANCHILI, V/D VIPULA YALAMANCHILI, S/D MELISSA L. SIMMONS.

M. MILLIGAN EXAMINER

MAY - 3 2010

10. E-mail Address: RAO@POSITIVEINVESTMENTS.COM

(To be used for future annual report notification)

11. 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. 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: [Signature] Date 4/20/10 (518)370-7806 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #