JUL-13-1998 09:52 CT CORPORATION SYSTEM 404 888 649^ P.03/03

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-07/17/98--01002--001
****900.00 ****900.00

DOCUMENT # S15924

1. Corporation Name

Memphis Lodging Associates, Inc.

Principal Place of Business / Mailing Address

3445 Peachtree Road, Suite 7800
Atlanta, Georgia 30326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/26/90

5. FEI Number: 59-3038805 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $ 5.00 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officer and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Robert Cole	3445 Peachtree Rd. Suite 7800	Atlanta, GA 30326
Sec.	Robert Flanders	3445 Peachtree Rd. Suite 7800	Atlanta, GA 30326
Treas.	Robert Flanders	"	600002591276--1 -07/17/98--01002--002 ******8.75 ******8.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

Osternoff, Mary Ellen P. Esq.
327 S. Palmetto Ave.
Daytona Beach, FL 32114

9. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

CR2E040 (1/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 7-15-98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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., and that all fees owed by the corporation 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: 7/14/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.03