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LIMITED LIABILITY REINSTATEMENT

A1A CLIPPER, L.L.C.

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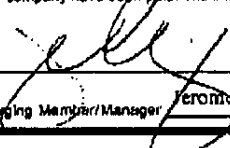
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name A1A CLIPPER, L.L.C.			
2. Principal Office Address - No P.O. Box # 591 WEST PUTNAM AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 591 WEST PUTNAM AVENUE Suite, Apt. #, etc.	
City & State GREENWICH CT Zip Country 06830 US		City & State GREENWICH CT Zip Country 06830 US	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 05/27/2005	
6. FEI Number 20-2774639		☐ Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒		\$5.00 Additional Fee required for a Certificate of Status	
B. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc. City State Zip Code Plantation FL 33324			
C. I, being appointed the registered agent of the above named limited liability company, do hereby certify that I am qualified to accept the obligations of Chapter 606, F.S. Signature of Registered Agent  Chris McNeair REGISTERED AGENT Assistant Secretary Date 3/26/2009			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	Barry S. Sternlicht	591 W. Putnam Avenue	Greenwich, CT 06830
EVP	Jerome C. Silvey	591 W. Putnam Avenue	Greenwich, CT 06830
SMD	Jeffrey Dishner	591 W. Putnam Avenue	Greenwich, CT 06830
SMD	Madison F. Gross	591 W. Putnam Avenue	Greenwich, CT 06830
MD	Dwight I. Amesen	591 W. Putnam Avenue	Greenwich, CT 06830
SVP	Robert Gelmer	591 W. Putnam Avenue	Greenwich, CT 06830
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 606.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager 		Date 3/27/09 Daytime Phone # 203-422-7701	
Typed or printed name of signing Managing Member/Manager Jerome C. Silvey, Executive Vice President			