M05000002888

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000073658 3)))

H09000073658ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
09 MAR 30 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

A1A CLIPPER, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$382.50

D. BRUCE
MAR 3[illegible] 2009
EXAMINER

RECEIVED
09 MAR 30 AM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 MAR 30 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

A1A CLIPPER, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
591 WEST PUTNAM AVENUE	591 WEST PUTNAM AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GREENWICH CT	City & State: GREENWICH CT
Zip: 06830 Country: US	Zip: 06830 Country: 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

8. 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: Plantation State: FL Zip Code: 33324

REINSTATEMENT 08-09 DB

☐ A $100 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, do hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Chris McNeair — REGISTERED Assistant Secretary — Date: 3/26/2009

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	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. Grose	591 W. Putnam Avenue	Greenwich, CT 06830
MD	Dwight I. Arnesen	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 608, 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 608.405, 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: [signature] Date: 3/27/09 Daytime Phone #: 203-422-7701

Typed or printed name of signing Managing Member/Manager: Jerome C. Silvey, Executive Vice President