PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 11:02

DOCUMENT # M98-268

1. Limited Liability Company's Name

Ian Schrager Hotel Management LLC

REINSTATEMENT 2000

2. Principal Office Address	**3.** Mailing Office Address
475 10th Avenue	475 10th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
11th Floor	11th Floor
City & State	City & State
New York, NY	New York, NY
Zip 10018 / Country USA	Zip 10018 / Country USA

4. State/Country of Formation: New York

5. Date Organized or Qualified ~~To Do Business in Florida~~: 3-20-98

6. FEI Number: 13-3966156 ☐ 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: CT Corporation

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

900003456259--6
-11/07/00--01127--027
****150.00 ****150.00

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Barbara A Burke — BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY — Date: 10-25-00

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
	Ian Schrager Hotels LLC	475 10th Avenue 11th Floor	New York, NY 10018

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 608.406, 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: [signature] Date: 10/25 Daytime Phone # 212-277-4110

Typed or printed name of signing Managing Member/Manager: Ian Schrager