PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 NOV 19 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # F06000003740

1. Limited Liability Company's Name
5002 West Waters Owner Corp.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1395 Brickell Avenue	1395 Brickell Avenue
Suite, Apt. #, etc. 680	Suite, Apt. #, etc. 680
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 05/25/06

6. FEI Number: 20-4758189 ☐ 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: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

☐ 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jeanine Reynolds Date: 11-19-07
REGISTERED AGENT MUST SIGN as its agent

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
CPT	Andreas Limburg	Limmatquai 26 P.O. Box 563 CH-8024	Zurich OC, Switzerland
VPVC	Pierre Rodia	Suite 3C, Princes House 38 Jermyn Street	London, SW1Y 6DN OC
D	Kevin Hackett	1221 Avenue of the Americas 29th Flr	New York, NY 10020
S	John Opar	599 Lexington Avenue	New York, NY 10022
Asst. Treasurer	Steven Hall	1395 Brickell Avenue #680	Miami, FL 33131

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 608.408, 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: Steven Hall Date: 11-14-07 Daytime Phone #: 305-379-9909

Typed or printed name of signing Managing Member/Manager: Steven Hall

REINSTATEMENT 2007

Florida Department of State

Division of Corporations
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Division of Corporations
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CORPORATION REINSTATEMENT

5002 WEST WATERS OWNER CORP

Certificate of Status	0
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