Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

File 1st, Please complete this LLC reinstatement filing **BEFRORE** completing the LLC amendment with Fax audit# H17000180783.

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT

DOS CAMINOS FT. LAUDERDALE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	1
Estimated Charge	$516.25

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # L11000013478

1. Limited Liability Company's Name
DOS CAMINOS FT. LAUDERDALE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1140 SEABREEZE BLVD.	315 Park Ave South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	13th Floor
City & State	City & State
FT. LAUDERDALE, FL	NEW YORK, NY
Zip / Country	Zip / Country
33316 / USA	10010 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/01/2011

6. FEI Number: 27-4755726 ☐ 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

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Chris Rickard, Assistant Secretary Date: 07/11/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Manager	BR GUEST, LLC	315 Park Ave South 13th Floor	NEW YORK, NY 10010

11. E-mail Address: vwilliams@ldry.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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; I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 7/10/17 Daytime Phone #: 212-386-7000

Typed or printed name of signing Authorized Representative/Manager: Steven L. Scheinthal

T HENDERSON
JUL 11 2017