

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

18 MAR 20 PM 12: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000003793

1. Corporation Name

TAMPA HOTEL - VEF IV OPERATOR, INC.

300310840873

2. Principal Office Address - No P.O. Box #

2000 Avenue of the Stars

Suite, Apt #, etc

12th Floor

City & State

Los Angeles, CA

Zip

90067

Country

3. Mailing Office Address

2000 Avenue of the Stars

Suite, Apt #, etc

12th Floor

City & State

Los Angeles, CA

Zip

90067

Country

CR2E061 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FET Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. 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

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Roxanne Turner
REGISTERED AGENT MUST SIGN

Roxanne Turner
Asst. Vice President 3/19/18

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S	Joseph Hill	2000 Avenue of the Stars, 12th Floor	Los Angeles, CA 90067
D/V	Howard Huang	2000 Avenue of the Stars, 12th Floor	Los Angeles, CA 90067
D/V/T	Steven Wolf	2000 Avenue of the Stars, 12th Floor	Los Angeles, CA 90067

T MOORE
MAR 20 2018

10. E-mail Address: patrick.nolan@cscglobal.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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 in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/18

Date

310.201.4100

Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 123469 7579688

AUTHORIZATION :

COST LIMIT : \$ 1200.00

ORDER DATE : March 19, 2018

ORDER TIME : 9:29 AM

ORDER NO. : 123469-005

CUSTOMER NO: 7579688

REINSTATEMENT

NAME: TAMPA HOTEL - VEF IV OPERATOR,
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS _____

2018 MAR 20 11:10:48
TALLAHASSEE, FL 32301