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LIMITED LIABILITY REINSTATEMENT

METRO SIX HOTEL, L.L.C.

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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CR2E041 (10/08)

DOCUMENT # L00000001009

1. Limited Liability Company's Name

METRO SIX HOTEL, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
420 Great Neck Rd	420 Great Neck Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Great Neck N.Y	City & State: Great Neck N.Y.
Zip: 11021 Country: U.S.A.	Zip: 11021 Country: U.S.A.

4. State/Country of Formation: Florida / U.S.A.

5. Date Organized or Qualified To Do Business in Florida: January 27 2000

6. FEI Number: 52-2228477 ☐ 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 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

☐ 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: Juan Grajeda
REGISTERED AGENT MUST SIGN
Juan Grajeda
Assistant Secretary

Date: 2/20/09

10. Names and Street Addresses of Managing Members/Managers

Titles	Name(s) of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Sam Chang	420 Great Neck Rd, Great Neck NY	11021
MGRM	Ashok Dhabuwala	420 Great Neck Rd.	Great Neck NY 11021
		REINSTATEMENT 2005-09	

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 608.508, 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: 2-19-09 Daytime Phone #: 516 773-9300

Typed or printed name of signing Managing Member/Manager: