

L00000000/009

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LIMITED LIABILITY REINSTATEMENT**METRO SIX HOTEL, L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$798.75

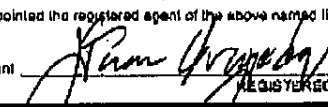
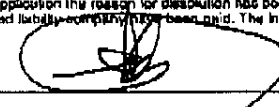
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J. BRYAN
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Help
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L00000001009 1. Limited Liability Company's Name METRO SIX HOTEL, LLC			
2. Principal Office Address - No P.O. Box # 420 Great Neck Rd Suite, Apt. #, etc.		3. Mailing Office Address 420 Great Neck Rd Suite, Apt. #, etc.	
City & State Great Neck N.Y. Zip Country 11021 USA		City & State Great Neck N.Y. Zip Country 11021 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. FBI Number 52-2228477			
7. CERTIFICATE OF STATUS DESIRED ☒ \$500 Additional Fee required for a Certificate of Status. ☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notice were not received and requesting the \$100 reinstatement be waived.			
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 Southern Pine Island Road Suite, Apt. #, Etc. 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  Juan Grajeda Assistant Secretary Date <u>2/20/09</u> REGISTERED AGENT (608.03)			
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
MEM	Sam Chang	420 Great Neck Rd Great Neck NY	11021
MEM	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 608.408, 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 		Date <u>2-19-09</u> Daytime Phone # <u>516 773-9300</u>	
Typed or printed name of signing Managing Member/Manager			

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