

L00000001009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY
COMPANY

REINSTATEMENT

2001-2003



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

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1/28

DOCUMENT # L00000001009

1. Limited Liability Company's Name

Metro Six Hotel, L.L.C.

REINSTATEMENT

2001-2003

2. Principal Office Address

2386 Northwest 49th Lane

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

Zip

33431

Country

USA

3. Mailing Office Address

92-29 Queens Blvd.

Suite, Apt. #, etc.

2B

City & State

Rego Park, New York

Zip

11374

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1-27-2000

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

David W. Rombro

500010705935

01/24/03--01112--001 **255.00

Street Address (P.O. Box Number is Not Acceptable)

2386 Northwest 49th Lane

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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

David W. Rombro

REGISTERED AGENT MUST SIGN

Date

1/23/03

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
Man.	Sam Chang	92-29 Queens Boulevard, Suite 2B	Rego Park, NY 11374
	REINSTATEMENT	2001-	
	REINSTATEMENT	2003	

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 608.406, 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

Sam Chang

Date 1/23/03

Daytime Phone #

718-897-0866

Typed or printed name of signing Managing Member/Manager

Manager

CR2E041 (10/02)