10000001280

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS Ng. DOCUMENT # L0000001280 1. Limited Liability Company's Name Metro Seven Hotel, L.L.C. 700110469047 CR2E041 (1/07) 3. Walking Office Address C/O Jiten 495 Westgate Dr. 2. Principal Office Address - No P.O. Box # 115 South Willow Ave. 4. Siste/Country of Formation State, Apt. R. etc. Suite, Apt. #, etc. Florida S. Date Organized or Qualified
To Do Business in Plorids 2/1/2000 City & State City & State Applied For G. FEI Number Brockton, MA Tampa, FL None CERTIFICATE OF STATUS OBSIDED 55.03 Additional Filter to bloom for a Continual of Status. 33606 US 02301 8. Name and Address of Current Registered Agent A \$100 reinstatement fee is imposed, except NRAI Services, Inc. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 2731 Executive Park Drive box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 Suite 4 reinstatement be waived. 33331 Weston 9. i, being appointed the d finited liability company, am lamillar with and scoop the obligations of Chapter 606, F.S. Ward AS 10-5.07 Assistant Secretain 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Menager Name of Managing Members/Menegers City / State / Zio Member **495 Westgate Drive** Brockton, MA 02301 Hansa Hotel, LLC Man. Nayan C. Patel 495 Westgate Drive 02301 Brockton, MA 11. I certify that I imm managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, F.S. I further certify that when filing this relaxatement application the easen for dissolution has been eliminated, the firefled teatify company name satisfies the requirements of section 608,408, F.S., and that all fees owed by the timbed liability company have been paid. The information legicated on this application is true and accurate, and my signature shall have the same legis effect at fees owed by the time as if made under oath. Date 10/5/07 Daytime Phone # Nayan C. Patel, Manager Typed or printed name of signing Managing Member/Manager

L00000001280

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Drive, Suite A Tallahassee, FL 32301

PHONE: (850) 216-0457; FAX: (850) 216-0460

DATE: 10/08/07

NAME: METRO SEVEN HOTEL, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$ 4(7) +

RETURN:

GOOD STANDING

ARTICLES AND AMENDMENTS TO INCLUDE THE 2007 REINSTATEMENT

Coll.

ACCOUNT: FCA0000000015

AUTHORIZATION:

ABBIE/PAUL/HODG

FILED

7 OCT -8 AM 10:55

ECRETARY OF STATE
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