PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L-7684

1. Limited Liability Company's Name
SELF CATERING USA LLC

REINSTATEMENT 2001

2. Principal Office Address	3. Mailing Office Address
2300 CORPORATE BLVD. NW.	
Suite, Apt. #, etc.: SUITE 214	Suite, Apt. #, etc.:
City & State: BOCA RATON, FL	City & State:
Zip: 33431 Country: USA	Zip: Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 6-2-00

6. FEI Number: 65-1098756 ☐ 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: JEFFREY KLEIN

700004676917--3
-11/13/01--01071--029
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 980 N. FEDERAL HIGHWAY
Suite, Apt. #, Etc.: SUITE 406
City: BOCA RATON State: FL Zip Code: 33432

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: Jeffrey M. Klein (REGISTERED AGENT MUST SIGN) Date: 10/23/01

CR2E041 (9/00)

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
	MGRM SELF-CATERING USA HOLDINGS, INC.	2300 CORPORATE BLVD. N.W. #214	BOCA RATON, FL. 33431

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: Karen Parker Date: 10/23/01 Daytime Phone #: 561-988-4000

Typed or printed name of signing Managing Member/Manager: KAREN J. PARKER