

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

JAX HOTEL, LLC

L00000010892

9/28/01

FILED

01 OCT 31 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

C/O OCM - 1717 Main St

3. Mailing Office Address

C/O OCM - 1717 Main St

Suite, Apt. #, etc.

14th Floor

Suite, Apt. #, etc.

14th Floor

City & State

DALLAS, TX

City & State

DALLAS, TX

Zip

75201

Country

USA

Zip

75201

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9-11-00

6. FEI Number

Applied For

X Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$9.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CORPORATION, COMPANY OF MIAMI

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

1500 Miami Center (JDW)

City

Miami

State

FL

Zip Code

33131

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 by: Lalaine A. Landau, Assistant Secretary

Date October 26, 2001

REGISTERED AGENT MUST SIGN

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
mgr Member	ORIX Real Estate Capital Markets, LLC	1717 Main Street, 14th Floor	Dallas, TX 75201
	now known as ORIX Capital Markets, LLC		

REINSTATEMENT

2001

BK

h/c

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

Charles B. Hall

Date 10/22/01 Daytime Phone # 214-237-2243

Typed or printed name of signing Managing Member/Manager

ORIX Capital Markets, LLC by: Charles B. Hall

REG. Portfolio Manager