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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2005 MAR 28 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000002350

1. Limited Liability Company's Name
MIAMI BEACH HOTEL INVESTORS LLC

2. Principal Office Address	3. Mailing Office Address
4385 COLLINS AVENUE	4385 COLLINS AVENUE
Suite, Apt. #, etc. ATTN: ANTHONY BROWN	Suite, Apt. #, etc. ATTN: ANTHONY BROWN
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33140 Country	Zip 33140 Country

4. Date/County of Formation

5. Date Organized or Qualified To Do Business In Florida JANUARY 30, 2002

6. FEI Number 01-0631356 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name ROSEN, MARVIN S.

Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE

Suite, Apt. #, etc. SUITE 800

City WEST PALM BEACH State FL Zip Code 33401

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 Marvin S. Rosen Date 3/28/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MIAMI BEACH HOTEL MANAGER, LL	4385 COLLINS AVENUE	MIAMI BEACH, FL 33140

2004-2005

11. I certify that I am the duly elected 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 608.508, 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 [signature] Date 3/27/05 Daytime Phone # 305 531 3232

Typed or printed name of signing Managing Member/Manager

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