

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -8 AM 9:27

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

602000026891

1. Limited Liability Company's Name

Boca Hotel Associates LLC

2. Principal Office Address

c/o HEI Hospitality, LLC

Suite, Apt. #, etc.

101 Merritt 7

City & State

Norwalk, CT

Zip

06851

Country

U.S.

3. Mailing Office Address

c/o HEI Hospitality, LLC

Suite, Apt. #, etc.

101 Merritt 7

City & State

Norwalk, CT

Zip

06851

Country

U.S.

4. State/Country of Formation
Florida

**5. Date Organized or Qualified
To Do Business in Florida** 10/10/2002

6. FEI Number
None

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

Corporate Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

REINSTATEMENT 03-05

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

REGISTERED AGENT MUST SIGN

Date

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
MM	HEI/BHA LLC	101 Merritt 7	Norwalk, CT 06851
			900056402989 06/21/05--01052--010 **250.00

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

Date

6-7-05

Daytime Phone #

203-849-2214

Typed or printed name of signing Managing Member/Manager

Gary Mendell