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LIMITED LIABILITY REINSTATEMENT

HOTELSAB RALEIGH EMPLOYEES, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029161

1. Limited Liability Company's Name
HOTELSAB RALEIGH EMPLOYEES, LLC

2003-2005

2. Principal Office Address	3. Mailing Office Address
1775 Collins Ave	295 Lafayette St.
Suite, Apt. #, etc.	Suite 708
City & State: Miami, FL	City & State: New York, NY
Zip: 33139 Country: USA	Zip: 10012 County: USA

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 10/31/02
6. FEI Number: 04-3721670 — Applied For / Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.:
City: Plantation State: FL Zip Code: 33324

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: [signature] Asst. Secretary — REGISTERED AGENT MUST SIGN — Date: 01-20-05

10. Name(s) and Street Address(es) of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	André Balazs	295 Lafayette St, 708	New York, NY 10012
MGR	Andrew E. Zobler	295 Lafayette St., 708	New York, NY 10012
MGR	Michael A. Rawson	295 Lafayette St. 708	New York, NY 10012
MGR	Roberta L. Griffin	295 Lafayette St. 708	New York, NY 10012

2003-2005

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 608.408, F.S., and that all taxes owed by the limited liability company have been paid. This 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: 1/18/05 Daytime Phone #: 212 965-4304

Typed or printed name of signing Managing Member/Manager: Roberta L. Griffin