FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 13 PM 2:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029161

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11/12/08--01037--012 **421.25

2006 to 2008

CR2E041 (10/08)

1. Limited Liability Company's Name

HOTELS AB RALEIGH EMPLOYEES, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1776 COLLINS AVE	23 EAST 4TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	5TH FLOOR
City & State	City & State
MIAMI BEACH, FLORIDA	NEW YORK, NY
Zip / Country	Zip / Country
33139 / U.S.A.	10003 / U.S.A.

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/31/2002

6. FEI Number: 04-3721670 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☑ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Barbara A Burke — Barbara A. Burke, Special Assistant Secretary — Date: 10.31.08

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
CCEO	ANDRE BALAZS	23 EAST 4TH STREET, 5TH FLOOR	NEW YORK, NY 10003
EVP	EUGENE A GORAB	23 EAST 4TH STREET, 5TH FLOOR	NEW YORK, NY 10003
SVP	BARRY P. MARCUS	23 EAST 4TH STREET, 5TH FLOOR	NEW YORK, NY 10003
VP	ARMINE VARTOUGHIAN	23 EAST 4TH STREET, 5TH FLOOR	NEW YORK, NY 10003
VP	JIM MCPARTLIN	23 EAST 4TH STREET, 5TH FLOOR	NEW YORK, NY 10003

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 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: 11/04/08 — Daytime Phone #: 212-226-5656

Typed or printed name of signing Managing Member/Manager:

REINSTATEMENT 06-08