
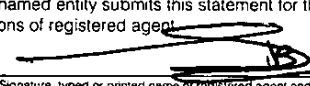
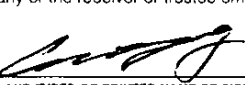


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000016499 1. Entity Name HOTELSAB LIDO EMPLOYEES, LLC						<div style="font-size: 24px; opacity: 0.5;">FILED</div> <div style="font-size: 18px;">2007 JUN 13 PM 2:10</div>	
Principal Place of Business 40 ISLAND AVENUE MIAMI BEACH, FL 33139				Mailing Address 295 LAFAYETTE STREET SUITE 708 NEW YORK, NY 10012			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 27-0058972				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating) <div style="text-align: right; font-size: 24px;">6/4/07</div>			
FILE NOW!!! FEE IS \$200.00				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BALAZS, ANDRE T CCEO 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 18px; text-align: center;">600104457106</div> <div style="font-size: 12px; text-align: center;">06/15/07--01003--008 **200.00</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZOBLE, ANDREW E EVP 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAWSON, MICHAEL A SVP 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIFFIN, ROBERTA VP,CFO 295 LAFAYETTE STREET, SUITE 708 NEW YORK, NY 10012 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARMINE VANTUGHIAN 295 LAFAYETTE ST., SUITE 708 NEW YORK, NY 10012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 24px; text-align: center;">REINSTATEMENT</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JIM MCPARTLIN 295 LAFAYETTE ST., SUITE 708 NEW YORK, NY 10012 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 24px; text-align: center;">OK</div>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE:  Jiny Hong Gao <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 4/26/07 Daytime Phone # 305.704.3929			