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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/06)

DOCUMENT # L03000016499

1. Limited Liability Company's Name
HotelsAB Lido Employees, LLC

2. Principal Office Address		3. Mailing Office Address	
40 Island Avenue		40 Island Avnue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Miami Beach, FL		City & State: Miami Beach, FL	
Zip: 33139	Country: USA	Zip: 33139	Country: USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 27-0058972 — [ ] 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 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] Madonna Cuddihy Special Assistant Secretary 1-19-09

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
MGRM	Balazs , Andre T CCEO	23 E 4th Street, 5th Floor	New York, NY 10003
MGR	Vartoughian, Annine VP	23 E 4th Street, 5th Floor	New York, NY 10003
MGR	Nicholson, Ian VP	23 E 4th Street, 5th Floor	New York, NY 10003
		REINSTATEMENT 09-10 AL	

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: [signature] Date: 1-14-10 Daytime Phone#: (305) 704-3929

Typed or printed name of signing Managing Member/Manager: Roxandros Abruta

L03000016499

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
HOTELSAB LIDO EMPLOYEES, LLC

Certificate of Status	0
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