

L03000041519

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

PRIME HOTELS USA, LLC

Certificate of Status	1
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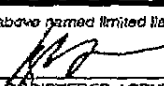
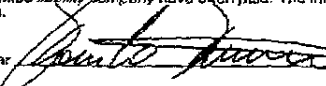
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A. BRYAN JAN 20 2006

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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JULIUS ROBINSON CORPORATION
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000041519			
1. Limited Liability Company's Name PRIME HOTELS USA, LLC			
2. Principal Office Address 1238 Collins Avenue Suite, Apt. #, etc.		3. Mailing Office Address 1238 Collins Avenue Suite, Apt. #, etc.	
City & State Miami Beach, Florida		City & State Miami Beach, Florida	
Zip 33139	Country USA	Zip 33139	Country USA
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 10/28/03	
6. FEI Number NONE		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name BRIAN P. TAGUE			
Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Avenue			
Suite, Apt. #, Etc. 15th Floor			
City Miami		State FL	Zip Code 33131
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 609, F.S.			
Signature of Registered Agent 		Date 1/19/06	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member-Manager	Danilo Primerano	1238 Collins Avenue	Miami Beach, FL 33139
Member	Ross Koller	1238 Collins Avenue	Miami Beach, FL 33139
Member	Roberto Pecchi	1238 Collins Avenue	Miami Beach, FL 33139
REINSTATEMENT 2004-06			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 609, 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 1/19/06	Daytime Phone # 786-390-1767
Typed or printed name of signing Managing Member/Manager Danilo Primerano, Member-Manager			

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