PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 MAY -3 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200073931822

CR2E041 (8/05)

DOCUMENT # L03000048030

1. Limited Liability Company's Name
Downtown GP, LLC

04

2. Principal Office Address	3. Mailing Office Address
200 S Biscayne BL	200 S Biscayne BL
Suite, Apt. #, etc.: 15A	Suite, Apt. #, etc.: 15A
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: Florida / USA

5. Date Organized or Qualified To Do Business in Florida: 11/25/2003

6. FEI Number: None ☐ 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: Brian Tauge
Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne BL
Suite, Apt. #, Etc.: 2600
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 608, F.S.

Signature of Registered Agent: Brian Tauge REGISTERED AGENT MUST SIGN Date: 05/03/2006

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
MGRM	Miami Health & Fitness Holdings, LLC	200 S. Biscayne BL., 15A	Miami, Florida 33131
		REINSTATEMENT 2004-2006	

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: Gene Meehan Date: 05/03/2006 Daytime Phone #: 305 389-1677

Typed or printed name of signing Managing Member/Manager: Gene Meehan

CSC. L03000048030

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 081721 7532934

AUTHORIZATION

COST LIMIT : $ 250.00

FILED
2006 MAY -3 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 3, 2006

ORDER TIME : 2:42 PM

ORDER NO. : 081721-005

CUSTOMER NO: 7532934

RECEIVED
06 MAY -3 PM 4:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DOWNTOWN GP, LLC

BR

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS

RECEIVED
06 MAY -3 PM 4:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA