PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
16 JUN 14 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000035327

1. Limited Liability Company's Name
DeChiaro Resort Holdings II, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
901 Dulaney Valley Rd.	
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.
City & State: Towson, Maryland	City & State
Zip: 21204 Country: USA	Zip Country

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 04/05/2006
6. FEI Number: 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: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable) Suite,: 1201 Hays Street
Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

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9. I, being appointed the registered agent of the above named limited liability company, hereby accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Holly Jones
Holly Jones
Assistant Vice President
REGISTERED AGENT MUST SIGN
Date: May 26, 2016

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Carol Gallagher	6660 Sanzo Road Unit B	Baltimore, MD 21209

REINSTATEMENT
JUN 14 2016
R. HUNT

11. E-mail Address: dzaharris@pklaw.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Carol Gallagher Date: 2016 Daytime Phone #: 410 602 7700

Typed or printed name of signing authorized representative/member: Carol Gallagher