


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		15 APR -9 PM 1:52 RECEIVED APR 9 2015
DOCUMENT # L080C0037077 1. Limited Liability Company's Name 1200 WEST AVENUE LESSEE LLC				
2. Principal Office Address - No P.O. Box # 475 10TH AVE.		3. Mailing Office Address 475 10TH AVE.		4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc. C/O MORGANS HOTEL GROUP		Suite, Apt. #, etc. C/O MORGANS HOTEL GROUP		
City & State New York, NY		City & State New York, NY		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
Zip 10018	Country USA	Zip 10018	Country USA	
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 605, F.S.				
Signature of Registered Agent <i>[Signature]</i>			Date 03/23/2015	
REGISTERED AGENT MUST SIGN				
10. Names and Street Addresses of Authorized Representatives/Managers				
Titles	Names of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip
MGRS	1100 WEST HOLDINGS LLC	475 10TH AVE,		New York, NY, 10018
CFO	Richard Szymanski	4770 Biscayne Blvd, Suite 1080		Miami FL 33137
Authorized Person	Seth Frohlich	4770 Biscayne Blvd, Suite 1080		Miami FL 33137
REINSTATEMENT				APR - 9 2015
				R. HUNT
11. E-mail Address _____ (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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.				
Signature of Authorized Representative/Manager /s/ Richard Szymanski		Date 03/23/2015	Daytime Phone # 212-277-4109	
Typed or printed name of signing Authorized Representative/Manager Richard Szymanski, CFO				

Division of Corporations

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**LIMITED LIABILITY REINSTATEMENT
1200 WEST AVENUE LESSEE, LLC**

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APR 9 2015

R. HUNT

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