


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 SEP 29 PM 1:28

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L10000077184

1. Limited Liability Company's Name

LHG FUND I LLC

2011

*nyk*

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 1040 BISCAYNE BLVD.		3. Mailing Office Address 1040 BISCAYNE BLVD.	
Suite, Apt. #, etc APT. 2207		Suite, Apt. #, etc APT. 2207	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33132	Country	Zip 33132	Country

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 07/22/2010	
6. FEI Number 27-3107174	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

E-mail Address:  william@lionhearthotelgroup.com (To be used for future annual report notices)
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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 <i>Katie Wonsch</i>	Katie Wonsch Asst. Secretary Date 09/29/2011
REGISTERED AGENT MUST SIGN	

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
MGR	William Balinbin	1040 BISCAYNE BLVD., APT. 2207	MIAMI FL 33132
MGR	Aryeh Kaplan	1040 BISCAYNE BLVD., APT. 2207	MIAMI FL 33132
REINSTATEMENT 2011			
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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. 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 Managing Member/Manager <i>Aryeh Kaplan</i>	Date 9/27/11 Daytime Phone # 305 552 0656
Typed or printed name of signing Managing Member/Manager: ARYEH KAPLAN	