PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 DEC 29 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT 2014**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L13000093361

1. Limited Liability Company's Name

WINDWARD PASSAGE HOTEL, LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 820 E. COCO PLUM CIRCLE | 820 E. COCO PLUM CIRCLE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PLANTATION, FL | City & State: PLANTATION, FL |
| Zip: 33324 Country: USA | Zip: 33324 Country: USA |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 6/28/2013

6. FEI Number: 13-3244041 ☐ 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: WILLIAM G. SALIM, JR.

Street Address (P.O. Box Number is Not Acceptable): 800 CORPORATE DRIVE

Suite, Apt. #, Etc.: SUITE 500

City: FORT LAUDERDALE State: FL Zip Code: 33334

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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 605, F.S.

Signature of Registered Agent: _____ Date: 12/26/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| MGR | SHIMON LEVY | 820 E. COCO PLUM CIRCLE | PLANTATION, FL 33324 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address: WSALIM@MMSSLAW.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 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. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: DEC/26/14 Daytime Phone #: 954-661-5513

Typed or printed name of signing Authorized Representative/Manager: _____

K. ASHTON