PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 JUL 5 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000212689

1 Limited Liability Company's Name
DHG PALM BEACH, LLC

500385584355
07/05/22-01057-014 **87.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
200 West 55th Street	200 West 55th Street
Suite, Apt. #, etc Suite 42	Suite, Apt. #, etc Suite 42
City & State New York, New York	City & State New York, New York
Zip / Country 10019 / United States	Zip / Country 10019 / United States

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 11/22/2016

6. FEI Number
35-2578427
☐ 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
T V Reddy

Street Address (P.O. Box Number is Not Acceptable) Suite,
1111 Collins Avenue

Apt. # Etc

City / State / Zip Code
Miami Beach / FL / 33139

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 6/10/2022

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	Rabinder Pal Singh	200 West 55th Street, Suite 42	New York, NY 10019
	REINSTATEMENT		JUL 05 2022 R. HUNT

11. E-mail Address rsingh@dreamhotelgroup.com
(To be used for future annual report notification)

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 _____ Date 6/10/2022 Daytime Phone # 212-474-9874

Typed or printed name of signing authorized representative/member Rabinder Pal Singh