

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 26 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000000900

1. Limited Liability Company's Name

South Seas Hotel Properties L.C.

REINSTATEMENT 2000

2. Principal Office Address

88 N.E. 168th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

3. Mailing Office Address

88 N.E. 168th Street

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33162

Country

4. State/Country of Formation

FLORIDA, U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

2/17/19

6. FEI Number

65-6295465

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

Theodore J. Klein

Street Address (P.O. Box Number is Not Acceptable)

88 N.E. 168 Street

Suite, Apt. #, Etc.

City

North Miami Beach

State
FL

Zip Code

33162

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/21/00

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
	Leonard S. Leibman	8 Chester Avenue	White Plains, NY 10601-10601
			500003623385--1
			-02/01/01--01100--003
			****150.00 ****150.00

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.

Signature of
Managing Member/Manager

[Signature]

Date 12/21/00

Daytime Phone # 914-948-6800

Typed or printed name of signing Managing Member/Manager

LEONARD S. LEIBMAN