

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS  
06 FEB -8 AM 10:54

DOCUMENT # L99000000900

1. Limited Liability Company's Name

South Seas Hotel Properties L.C.

300066207253

02/20/06--01049--020 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address

8030 Peters Road

3. Mailing Office Address

c/o Leibman

Suite, Apt. #, etc.

Suite D-104

Suite Apt. #, etc.

8 Chester Ave,

City & State

Plantation, FL

City & State

White Plains, NY

Zip

33324

Country

USA

Zip

10601

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

2/17/99

6. FEI Number

65-6295265

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)

8030 Peters Road

Suite, Apt. #, Etc.

Suite D-104

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 608, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/27/06

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	Leonard S. Leibman	8 Chester Avenue	White Plains, NY 10601

REINSTATEMENT 04-06

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 1/30/06

Daytime Phone# (954)370-2533

Typed or printed name of signing Managing Member/Manager Leonard S. Leibman