

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
02 OCT 22 PM 5:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000002288**

1. Limited Liability Company's Name

**PELICAN HOTEL, L.L.C.**

*10/10/02*

2. Principal Office Address

**425 East 61<sup>st</sup> Street**

Suite, Apt. #, etc.

City & State

**New York, New York**

Zip

**10021**

Country

**USA**

3. Mailing Office Address

**425 East 61<sup>st</sup> Street**

Suite, Apt. #, etc.

City & State

**New York, New York**

Zip

**10021**

Country

**USA**

4. State/ Country of Formation

**Florida**

5. Date Incorporated or Qualified  
To Do Business in Florida

**4/22/99**

6. FEI Number

**13-4068298**

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

**Registered Agents of Florida, LLC**

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

**100 Southeast Second Street**

Suite, Apt. #, Etc.

**Suite 3500**

City

**Miami**

State

**FL**

Zip Code

**33131**

**300008502113-4**

**-10/22/02--01023--025**

**\*\*\*\*150.00 \*\*\*\*150.00**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of section 608, F.S.

Signature of  
Registered Agent

**Howard J. Vogel, VP**

Date **10/10/02**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles

Name of  
Managing Members/ Managers

Street Address of Each  
Managing Members/ Managers

City / State / Zip

**MGRM**

**Metropolitan Quik Park of  
South Florida, LLC**

**333 Earle Ovington Drive  
Suite 1030**

**Uniondale, New York 11553**

**REINSTATEMENT**

**2002**

*Handwritten signature/initials*

10. I hereby certify that I am managing/ member 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 corporate 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

**Jacob I. Sopher,**  
**Authorized Representative**

Date **10/10/02**

Daytime Phone # **(212) 832-7564**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER

Date

Daytime Phone #