L99000003770

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT -4

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000104541 7)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

AL1

From:
Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305)789-9200
Fax Number : (305)789-9201

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT -4 AM 11:08

LIMITED LIABILITY REINSTATEMENT

BEL AIR ONE L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$205.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 OCT -4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audit No. H01000104541 7

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L99000003770

1. Limited Liability Company's Name

BEL AIR ONE L.L.C.

2. Principal Office Address	3. Mailing Office Address
One Grove Isle Drive	One Grove Isle Drive
Suite, Apt. #, etc.: Apt. 906	Suite, Apt. #, etc.: Apt. 906
City & State: Miami, FL	City & State: Miami, FL
Zip: 33133 Country:	Zip: 33133 Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 06/25/1999

6. FEI Number: 65-0931299 ☐ 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: LICKSTEIN, FRED K.

Street Address (P.O. Box Number is Not Acceptable): 100 S.E. Second Street, 17th Floor

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33131

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: Fred K. Lickstein Date: 10/4/01
REGISTERED AGENT MUST SIGN

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
MGRM	Realprop Capital Corp.	One Grove Isle Dr.#906	Miami, FL 33133
MGRM	Beriozkina, Lilia	100 U.N. Plaza	New York, NY 10017

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 608.405, 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: Fred K. Lickstein Date: 10/4/01 Daytime Phone #: 305-788-9200

Typed or printed name of signing Managing Member/Manager: Fred K. Lickstein, Authorized Agent of Members