PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 31 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000004302

1. Limited Liability Company's Name
Dolphin Brickell, L.L.C.

02

2. Principal Office Address		3. Mailing Office Address	
425 East 61 Street		425 East 61 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: New York, NY		City & State: New York, NY	
Zip: 10021	Country: USA	Zip: 10021	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 7/15/1999

6. FEI Number: 22-3680095 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 additional fee required

8. Name and Address of Current Registered Agent

Name: Nicole S. Sayfie

Street Address (P.O. Box Number is Not Acceptable): 150 West Flagler Street

Suite, Apt. #, Etc.: Suite 2200

City: Miami | State: FL | Zip Code: 33130

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: _____ Date: 03-30-04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Metropolitan Quik Park of South Florida	333 Earle Ovington Dr. Ste 1030	Uniondale, NY 11553

REINSTATEMENT 2002-2004

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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 608.508, 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: _____ Date: 3/30/04 Daytime Phone #: 305-373-6200

Typed or printed name of signing Managing Member/Manager: _____

CSC

CORPORATION SERVICE COMPANY

L99000004302

ACCOUNT NO. : 072100000032

REFERENCE : 534730 4311473

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 255.00

ORDER DATE : March 31, 2004

ORDER TIME : 10:27 AM

ORDER NO. : 534730-005

CUSTOMER NO: 4311473

CUSTOMER: Ms. Jackie Gerstenfeld
Stearns Weaver Miller
Suite 2200, Museum Tower
150 West Flagler Street
Miami, FL 33130

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DOLPHIN BRICKELL, L.L.C.

RECEIVED
04 MAR 31 AM 11:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____