

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L99000005629

1. Limited Liability Company's Name

METRO THREE HOTEL, LLC

2. Principal Office Address

8 Shady Lane

Suite, Apt. #, etc.

City & State.

Mary Esther, FL

Zip

32569

Country

USA

3. Mailing Office Address

8 Shady Lane

Suite, Apt. #, etc.

City & State

Mary Esther, FL

Zip

32569

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/02/1999

6. FEI Number

52-2190592

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

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

Bonnie G. Schuman

Date

11/27/00

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
Man- ager	Sam Chang	92-29 Queens Blvd., Ste CC	Regal Park, NY 11374
Man- ager	Hasu P. Shah	148 Sheraton Drive, Box A	New Cumberland, PA 17070

REINSTATEMENT 3000

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

11-16-00

Daytime Phone # (718) 459-8500

Typed or printed name of signing Managing Member/Manager Sam Chang