

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL

FILED

02 MAY 23 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Hollywood Hotel Acquisitions L.L.C.

2. Principal Office Address

4000 S. Ocean Drive

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

3. Mailing Office Address

4000 S. Ocean Drive

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33019

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/22/99

6. FEI Number

65-0982642

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

Marvin P. Pastel, II

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

c/o Becker & Poliakoff, P.A.

Suite, Apt. #, Etc.

3111 Stirling Road

City

Fort Lauderdale

State

FL

Zip Code

33312

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 4/19/02

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	Thomas Driscoll	4000 S. Ocean Drive	Hollywood, FL 33019
			400005695284--5 -06/06/02--01088--008 *****50.00 *****50.00

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

4/19/02

Daytime Phone #

(954) 458-1900

Thomas Driscoll

Typed or printed name of signing Managing Member/Manager