

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 24 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000000711

Name and Mailing Address

0016881 01 MB 0.309 **AUTO T1 0 0615 90025-339725



FLORIDA HOTEL ASSOCIATES, LLC
11100 SANTA MONICA BLVD., STE. 500
LOS ANGELES CA 90025-3397



9/26/07

2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 03/29/2001	
Principal Place of Business 11100 SANTA MONICA BLVD., STE. 500 LOS ANGELES CA 90025	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 95-4848203	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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10. 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 Brian Courtney
REGISTERED AGENT MUST SIGN

Date 10/04/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FLORIDA HOTEL ACQUISITION COMPANY	11100 SANTA MONICA BLVD., STE. 500	LOS ANGELES CA 90025

REINSTATEMENT 2003

000025759590

12. 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 REQUIRED

Date

12/16/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager



CORPORATION SERVICE COMPANY™

M 01 0000007 11

ACCOUNT NO. : 072100000032

REFERENCE : 372639 4304492

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 150.00

ORDER DATE : December 23, 2003

ORDER TIME : 1:13 PM

ORDER NO. : 372639-005

CUSTOMER NO: 4304492

CUSTOMER: Ms. Christine A. Kohn
Piper Rudnick Llp
Suite 1800
203 North Lasalle Street
Chicago, IL 60601-1293

FILED
03 DEC 24 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: FLORIDA HOTEL ASSOCIATES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

BK