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LIMITED LIABILITY REINSTATEMENT

AB GREEN PARKING, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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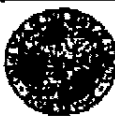
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # M02000002865 1. Limited Liability Company's Name AB GREEN PARKING, LLC					
2. Principal Office Address 1775 Collins Ave State, Apt. #, etc.		3. Mailing Office Address 295 Lafayette St State, Apt. #, etc. Suite 708		4. State/Country of Formation Delaware, USA	
City & State Miami, FL		City & State New York, NY		5. Date Organized or Qualified To Do Business in Florida 10/30/02	
Zip 33139	Country USA	Zip 10012	Country USA	6. FEI Number 05-0536916	Applied For ☐
7. CERTIFICATE OF STATUS ORDERED ☐					
8. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Allowed) 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 605, F.S.					
Signature of Registered Agent Robert L. Griffin Asst. Secretary Date 01-20-05 REGISTERED AGENT MUST SIGN					
10. Name and Street Address of Managing Members/Managers					
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip		
MGR	Andre Balazs	295 Lafayette St., 708	New York, NY 10012		
MGR	Eugene A. Gorab	295 Lafayette St., 708	New York, NY 10012		
MGR	Andrew E. Zohler	295 Lafayette St., 708	New York, NY 10012		
MGR	Michael A. Rawson	295 Lafayette St., 708	New York, NY 10012		
MGR	Roberta L. Griffin	295 Lafayette St., 708	New York, NY 10012		
MGR	Barry P. Marcus	295 Lafayette St., 708	New York, NY 10012		
11. I certify that I am managing member/manager of the corporation or trustee authorized to execute this application as provided for in Chapter 605, F.S. I further certify that when this reinstatement application the reason for dissolution has been eliminated, the stated liability company name restores the corporation to active status, 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 Roberta L. Griffin Date 1/14/05 Daytime Phone # 905-4304					
Typed or printed name of signing Managing Member/Manager Roberta L. Griffin					