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LIMITED LIABILITY REINSTATEMENT

AB GREEN PARKING, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000002865

1. Limited Liability Company's Name

AB GREEN PARKING, LLC

2. Principal Office Address	3. Mailing Office Address
1775 Collins Ave	295 Lafayette St
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 708
City & State Miami, FL	City & State New York, NY
Zip 33139 Country USA	Zip 10012 Country USA

4. State/Country of Formation Delaware, USA

5. Date Organized or Qualified To Do Business in Florida 10/30/02

6. FEI Number 05-0536916 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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: [signature] Asst. Secretary Date: 01-20-05

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	André Balazs	295 Lafayette St, 708	New York, NY 10012
MGR	Eugene A. Gorab	295 Lafayette St., 708	New York, NY 10012
MGR	Andrew E. Zobler	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 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 taxes 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: 1/14/05 Daytime Phone # 212 965-4304

Typed or printed name of signing Managing Member/Manager: Roberta L. GRIFFIN