

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000002908

1. Limited Liability Company's Name

BCM/CHI Eden Roc Owner, LLC

hjk

2. Principal Office Address

299 Park Ave

Suite, Apt. #, etc.

FI21-23 c/o Blackacre Cap Mg

City & State

New York, NY

Zip

10171

Country

USA

3. Mailing Office Address

299 Park Ave

Suite, Apt. #, etc.

FI21-23 c/o Blackacre Cap Mgl

City & State

New York, NY

Zip

10171

Country

USA

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

11/04/02

6. FEI Number

03-0493047

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

CORPORATION SERVICE COMPANY

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

1201 Hays Street

500041131925

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jeane Reynolds

**Jeanine Reynolds
as its agent**

Date

9-17-04

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
PTD	Ronald Kravit	299 Park Avenue, FL 21-23	New York, NY 10171
VSD	Jeffrey Citrin	299 Park Avenue, FL 21-23	New York, NY 10171
ID	Kenneth Uva	1209 Orange Street	Wilmington, DE 19801
ID	Victor Duva	1209 Orange Street	Wilmington, DE 19801
REINSTATEMENT 2003-2004			

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

Jeffrey Citrin

Date

9/14/04

Daytime Phone #

9785227004

Typed or printed name of signing Managing Member/Manager

Jeffrey Citrin



CORPORATION SERVICE COMPANY

M020000002908

ACCOUNT NO. : 072100000032

REFERENCE : 890959 7272639

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ ~~205.00~~

ORDER DATE : September 17, 2004

205.00

ORDER TIME : 1:12 PM

ORDER NO. : 890959-005

CUSTOMER NO: 7272639

BJK

CUSTOMER: Ms. Joy Mitchell
Capital Hotel Management
Suite 231g
100 Cummings Center
Beverly, MA 01915

FILED
04 SEP 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: BCM/CHI EDEN ROC OWNER, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

RECEIVED
04 SEP 17 PM 2:49
DIVISION OF CORPORATION

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____