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APPROVED AND FILED 102

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000003040

1. Limited Liability Company's Name
SOUTHERN NAVIGATION HOTEL, LLC

REINSTATEMENT 2003

2. Principal Office Address		3. Mailing Office Address	
2170 SE 17TH STREET		2170 SE 17 ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
306		306	
City & State		City & State	
FT LAUDERDALE, FL		FT LAUDERDALE, FL	
Zip	Country	Zip	Country
33316	BROWARD	33316	BROWARD

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 11/15/2002

6. FEI Number: 42-1558022 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S PINE ISLAND RD.

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, hereby affirm that I am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — REGISTERED AGENT MUST SIGN — Date: 10/15/03

CR2E011 (10/01)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	AUGUST J CERADINI	1030 CLAY AVE	PELHAM MANOR, NY 10803
MGR	JAMES D. ALLEN	821 SE 12 CT #6	FT LAUDERDALE, FL 33316

JB 10-15-03

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 608.400, 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: _____ Date: 10/15/03 Daytime Phone # (954) 463-6433

Typed or printed name of signing Managing Member/Manager: JAMES D. ALLEN

2002

Florida Department of State

Division of Corporations
Public Access System

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LIMITED LIABILITY REINSTATEMENT

SOUTHERN NAVIGATION HOTEL LLC

Certificate of Status	1
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