M03000001017

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

BEAU LIDO SUITES, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M03000001017

1. Limited Liability Company's Name

Beau Lido Suites, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
72 Reade Street	4 East 81st Street
Suite, Apt. #, etc. 2nd Floor c/o M. Marcus	Suite, Apt. #, etc. c/o Martin Marcus
City & State New York, NY	City & State New York, NY
Zip 10007 Country	Zip 10028 Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 3/28/2003

6. FEI Number: 74-3072785 ☐ 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 S. Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Barbara A Burke Barbara A. Burke Special Assistant Secretary Date: 53007

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Martin Marcus	4 East 81st Street	New York, NY 10028
MGRM	Benjamin Marcus	147 West 95th Street	New York, NY 10025

REINSTATEMENT 06-05-07

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 certification has been eliminated and limited liability company name satisfies the requirements of section 608.508, 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: Martin Marcus Date: 5/29/07 Daytime Phone #: 917-613-2863

Typed or printed name of signing Managing Member/Manager: Martin Marcus, Manager