PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 14 AM 10:04

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M04000001960

1. Limited Liability Company's Name
ORLANDO SUN RESORT & SPA, LLC

2. Principal Office Address	3. Mailing Office Address
1407 BROADWAY	1407 BROADWAY
Suite, Apt. #, etc.: SUITE 307	Suite, Apt. #, etc.: SUITE 307
City & State: NEW YORK, NY	City & State: NEW YORK, NY
Zip: 10018 Country:	Zip: 10018 Country:

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 810650070 ☐ 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: NRAI SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 2731 EXECUTIVE PARK DRIVE REINSTATEMENT 2005

Suite, Apt. #, Etc.: SUITE 4

City: WESTON State: FL Zip Code: 33331

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 _____ Date _____
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
MGR	MOINIAN, MORRIS	1407 BROADWAY STE 307	NEW YORK, NY 10018
MGR	MOINIAN, JOSEPH	1407 BROADWAY STE 307	NEW YORK, NY 10018
MGR	MOINIAN, DAVID	1407 BROADWAY STE 307	NEW YORK, NY 10018
		300060634473 10/14/05--01073--004 **150.00	

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 608.405, 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 10/7/05 Daytime Phone # 212 921-7500 x 3030

Typed or printed name of signing Managing Member/Manager _____