

OCT. 6. 2006 12:56PM

C S C

NO. 595 P. 1

M04 000003284

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I200000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

BEACH HOTEL ASSOCIATES LLC

Certificate of Status	1
Certified Copy	0
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LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003284

1. Limited Liability Company's Name

Beach Hotel Associates LLC

2. Principal Office Address

475 10th Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10018

Country

USA

3. Mailing Office Address

475 10th Avenue

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10018

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

8/13/04

6. FBI Number

20-1487269

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 Numbers 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

Melissa Fox

REGISTERED AGENT

Assistant Secretary

Date

10/06/06

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	Morgans Group LLC	475 10th Avenue	New York, NY 10018

REINSTATEMENT

06 07
CWO

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

Date 10/6/06

Daytime Phone# 212-558-4763

Typed or printed name of signing Managing Member/Manager

Marc Gordon

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