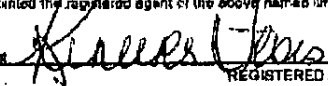
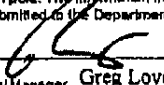


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LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>MO500004639</u>					
1. Limited Liability Company's Name Soho House Beach House, LLC					
2. Principal Office Address - No. P.O. Box # 515 West 20th Street		3. Mailing Office Address 515 West 20th Street		4. State/Country of Formation Delaware	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida July 21, 2005	
City & State New York, NY		City & State New York, NY		6. FEI Number 20-4888034	
Zip 10011	Country USA	Zip 10011	Country USA	7. CERTIFICATE OF STATUS DESIRED ☐ (If checked, the company will be required to file a Certificate of Status with the Department of State.)	
B. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Subs. Apt. #, Etc.					
City Plantation		State FL	Zip Code 33324		
B. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent 				Date <u>10/26/16</u>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Manager	Street Address of Authorized Representative/Manager		City / State / Zip	
P	Nicholas Jones	515 West 20th Street		New York, NY 10011	
CFOT	Guy Williams	515 West 20th Street		New York, NY 10011	
VP	Bradford Nugent	515 West 20th Street		New York, NY 10011	
S	Greg Lovett	515 West 20th Street		New York, NY 10011	
11. E-mail Address: <u>Greglovett@sohohouse.com</u> (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager 				Date <u>10/26/15</u> Daytime Phone # <u>(347) 266-2685</u>	
Typed or printed name of signing Authorized Representative/Manager <u>Greg Lovett</u>					

10/26/16

Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT
SOHO HOUSE BEACH HOUSE, LLC

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