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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LIMITED LIABILITY REINSTATEMENT
COLLINS HOTEL ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

S. HAWKES
OCT 12 2010
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (06/10)

DOCUMENT # M06000000743

1. Limited Liability Company's Name
COLLINS HOTEL ASSOCIATES LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
475 TENTH AVENUE		475 TENTH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
11th Floor		11th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10018		10018	

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 02/10/2006

6. FEI Number: 20-4142364 ☐ 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 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: [signature] FLORENCE MERCERON VICE PRESIDENT
REGISTERED AGENT MUST SIGN

Date: 10/11/10

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
CFO	RICHARD SZYMANSKI	475 10TH AVE, 11TH FLOOR	NEW YORK NY 10018
	REINSTATEMENT		S. HAWKES
	2010 - 10		OCT 12 2010
			EXAMINER

11. E-mail Address: HUI-PING.HSU@MORGANSHOTELGROUP.COM
(To be used for future annual report notifications)

12. 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: [signature] Date: 10/11/2-10 Daytime Phone #: 212-277-4100

Typed or printed name of signing Managing Member/Manager: RICHARD SZYMANSKI

FL110 - 06/03/2010 C T System Online