

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000005440

1. Limited Liability Company's Name

DTRS INTERCONTINENTAL MIAMI, LLC

OK

2. Principal Office Address - No P.O. Box #
200 West Madison Street

Suite, Apt. #, etc.

Suite 1700

City & State

Chicago, IL

Zip

60606

Country

USA

3. Mailing Office Address

200 West Madison Street

Suite, Apt. #, etc.

Suite 1700

City & State

Chicago, IL

Zip

60606

Country

USA

4. State/Country of Formation

DELAWARE, USA

5. Date Organized or Qualified
To Do Business in Florida

10/02/06

6. FEI Number

20-5623947

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

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

Carina L. Dunlap

Carina L. Dunlap

Asst. Vice President

Date

11/3/08

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	DTRS Michigan Avenue/ Chopin Plaza Sub, LLC	200 West Madison #1700	Chicago, IL 60606

500137573935

REINSTATEMENT

2008

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

Paula C. Maggio

Date 11/3/08

Daytime Phone # (312) 658-5000

Typed or printed name of signing Managing Member/Manager

Paula C. Maggio



CORPORATION SERVICE COMPANY

M06000005440

ACCOUNT NO. : 072100000032

REFERENCE : 778964 5146313

AUTHORIZATION

COST LIMIT : \$ 238.75

FILED
08 NOV -3 AM 8:45
TALLAHASSEE, FLORIDA

ORDER DATE : November 3, 2008

ORDER TIME : 11:30 AM

ORDER NO. : 778964-005

CUSTOMER NO: 5146313

REINSTATEMENT

NAME: DTRS INTERCONTINENTAL MIAMI,
LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2008 NOV -3 PM 2:03
IN ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS

BSK