

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # M06000005440

1. Limited Liability Company's Name

DTRS INTERCONTINENTAL MIAMI, LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 200 West Madison Street		3. Mailing Office Address 200 West Madison Street	
Suite, Apt. #, etc. Suite 1700		Suite, Apt. #, etc. Suite 1700	
City & State Chicago, IL		City & State Chicago, IL	
Zip 60606	Country USA	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 <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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

508137573935

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



M06000005440

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 778964 5146313

AUTHORIZATION

COST LIMIT : \$ 238.75

Lyndee Clemons

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
FILED
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

PK