Florida Department of State
Division of Corporations
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Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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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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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
KEY WEST BIGHT MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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B. BOSTICK
MAR 14 2012
EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M07000002628

CR2E041 (1/11) 10-12

1. Limited Liability Company's Name
KEY WEST BIGHT MANAGEMENT LLC

2. Principal Office Address - No P.O. Box#	3. Mailing Office Address
951 CAROLINE STREET	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KEY WEST FL	City & State
Zip: 33040 Country	Zip Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 05/04/2007

6. FEI Number: 208957786 ☐ 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: C T 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

E-mail Address: REINSTATEMENT

clawton@fortress.com
(To be used for future annual report notices)

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: Connie Bryan Date: 3/13/2012
REGISTERED AGENT MUST SIGN

Assistant Secretary

10. Name and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	KEY WEST BIGHT HOLDINGS LLC	1115 MARBELLA PLAZA DRIVE	TAMPA FL 33619 US

B. BOSTICK
MAR 14 2012
EXAMINER

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 608.508, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: _____ Date: 3/12/12 Daytime Phone #: 212-798-6100

Typed or printed name of signing Managing Member/Manager: Marc K. Furstein, Chief Operating Officer