M07000004379

Florida Department of State
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Account Number : FCA000000023
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LIMITED LIABILITY REINSTATEMENT
TIH CGC LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M07000004379

1. Limited Liability Company's Name
TIH CGC LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9841 Airport Blvd		9841 Airport Blvd STE 1107	
Suite, Apt. #, etc. STE 1107		Suite, Apt. #, etc. STE 1107	
City & State Los Angeles		City & State Los Angeles	
Zip 90045	Country USA	Zip 90045	Country USA

4. State/Country of Formation: Nevada
5. Date Organized or Qualified To Do Business in Florida: 07/27/2007
6. FEI Number: 362664780 — [X] 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: 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

E-mail Address:
dstubbs@tirlv.com
bferguson@nasassets.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 ______________ Date 4/19/2012
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
Mangr	David Stubbs	2801 N. Tenaya Way, Suite C	Las Vegas, NV 89128
Mangr	Jeff Pori	2801 N. Tenaya Way, Suite C	Las Vegas, NV 89128

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. 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 4/18/12 Daytime Phone # 702-851-9011

Typed or printed name of signing Managing Member/Manager ______________

FL110 - 03/10/2011 C T System Online

REINSTATEMENT 2010-2012

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