


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 NOV -2 PM 3:02

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M10000000726 1. Limited Liability Company's Name <h1>VII MP Miami Hotel, LLC</h1>			
2. Principal Office Address - No P.O. Box # 3300 PGA Boulevard		3. Mailing Office Address 3300 PGA Boulevard	
Suite, Apt. #, etc. Suite 820		Suite, Apt. #, etc. Suite 820	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country USA	Zip 33410	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 02/16/2010	
6. FEI Number 27-2051566		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name NRAI Services, Inc.		E-mail Address: sgavilano@westbrookpartners.com (To be used for future annual report notices)	
Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVENUE		City, State, Zip Code TALLAHASSEE FL 32301	
Suite, Apt. #, Etc.		Date 11-2-11	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. Signature of Registered Agent <u>Mary Paris</u>			
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	None.		
*MGRM	MP MIAMI HOTEL, LLC	c/o Millennium Partners, 1995 Broadway, 3rd Floor	New York, New York 10023
<h2>REINSTATEMENT 2011</h2>			
* This entity is a member under the limited liability company agreement and is not in any event a "manager" within the meaning of Section 18-101 of the Delaware Act			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 606.406, 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.617.155, F.S.			
Signature of *MGRM <u>Philip E. Astrinis</u>		Date <u>November 2, 2011</u> Daytime Phone <u>212-875-4900</u>	
Typed or printed name of signing Managing Member/Manager Philip E. Astrinis			

MP

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DATE: 11-02-2011

NAME: VII MP MIAMI HOTEL LLC

TYPE OF FILING: REINSTATEMENT

COST: \$268.75

RETURN: CERTIFIED COPY

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

PH
BTH
