

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 JUN 08 AM 8:30
TALLAHASSEE, FLORIDA

DOCUMENT # **M13000001823**

1. Limited Liability Company's Name
VIRGIN HOTELS NORTH AMERICA, LLC

2. Principal Office Address - No P.O. Box #
65 BLEECKER ST.

Suite, Apt. #, etc.
6th FLOOR

City & State
NEW YORK, NY

Zip
10012

Country
U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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.

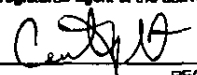
City
Tallahassee

State
FL

Zip Code
32301

100268144331

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent  **Courtney Williams**
Asst. Vice President

Date **01/08/2014**


REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
VP	THAYER THOMPSON	65 BLEECKER ST.	NEW YORK, NY 10012
VP	HERBERT NOLL	2601 S. BAYSHORE #340	MIAMI, FL 33133

11. E-mail Address: **thayer.thompson@virgin.com**
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager  Date **1/7/15** Daytime Phone # **2124979060**

Typed or printed name of signing Authorized Representative/Manager **Thayer Thompson**

2012

ACCOUNT NO. : I20000000195

REFERENCE : 452453 7656209

AUTHORIZATION :

Spencer Clement

COST LIMIT : \$ 377.50

ORDER DATE : January 7, 2015

ORDER TIME : 9:10 AM

ORDER NO. : 452453-005

CUSTOMER NO: 7656209

REINSTATEMENT

NAME: VIRGIN HOTELS NORTH AMERICA,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
15 JAN - 8 AM 10: 59