PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 OCT 23 PM 2:39

CR2E081 (11/10)

DOCUMENT # M13000007899

1. Corporation Name

Monte Nido Holdings, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6100 SW 76th Street	6100 SW 76th Street
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33143 Country: USA	Zip: 33143 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/12/2013

5. FEI Number: 46-1574599 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. 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

100320110991

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Denise Bell — Denise Bell, Assistant Secretary — Date: 10/22/2018

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M	Lauren B. Leichtman	345 North Maple Drive	Beverly Hills, CA 90210
M	Aaron M. Perlmutter	345 North Maple Drive	Beverly Hills, CA 90210
M	Matthew Rich	345 North Maple Drive	Beverly Hills, CA 90210
M	Candance Henderson	6100 SW 76th Street	Miami, FL 33143
T	Michael Bagley	6100 SW 76th Street	Miami, FL 33143

REINSTATEMENT

OCT 23 2018

R. HUNT

10 E-mail Address: mbagley@montenidoaffiliates.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, 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: Michael Bagley — Michael Bagley, Director — 9/27/2018 — 786-475-1731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/23/2018

Acc#I20160000072

Name:	Monte Nido Holdings, LLC (DE)
Document #:	
Order #:	11174900

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑ Certified: ☑

Plain: ☐

COGS: ☐

Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $ 407.50

18 OCT 23 AM 11:32

Thank you!

OCT 23 2018

R. HUNT