

1 of 2 page

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>M14000001252</u>			
1. Limited Liability Company's Name Beach House HoldCo., LLC			
2. Principal Office Address - No P.O. Box # 515 West 20th Street Suite Apt. # etc.		3. Mailing Office Address 515 West 20th Street Suite Apt. # etc.	
City & State New York, NY		City & State New York, NY	
Zip 10011	Country USA	Zip 10011	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida February 24, 2014	
6. FEI Number 46-4909223		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
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
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 <i>Kenneth Jones</i>		Date 10/26/16	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
P	Nicholas Jones	515 West 20th Street	New York, NY 10011
CFOT	Guy Williams	515 West 20th Street	New York, NY 10011
S	Greg Lovett	515 West 20th Street	New York, NY 10011
11. E-mail Address: <u>Greglovett@sohohouse.com</u> (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 605, 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 606.0012, 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 <i>Greg Lovett</i>		Date 10/26/16 Daytime Phone # (347) 266-2685	
Typed or printed name of signing Authorized Representative/Manager Greg Lovett			

RE 10/27/16

2 of 2 pages

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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LIMITED LIABILITY REINSTATEMENT
BEACH HOUSE HOLDCO., LLC

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