

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -9 AM 11:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M98-1371

1. Limited Liability Company's Name

M980000 01371

NASH HOTEL LLC

2. Principal Office Address

27979 RED RAVEN DR

Suite, Apt. #, etc.

3. Mailing Office Address

1120 COLLINS AVE

Suite, Apt. #, etc.

4. State/Country of Formation

OHIO, USA

5. Date Organized or Qualified
To Do Business in Florida

11/16/1998

6. FEI Number

34-1871458

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

City & State
PEPPER PIKE, Ohio

City & State
MIAMI BEACH, Florida

Zip
44124

Country
USA

Zip
33137

Country
USA

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH DUNE ISLAND ROAD

Suite, Apt. #, Etc.

200003070572-5

12/15/99-01021-001

****150.00 ****150.00

City

PLANTATION, Florida

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 608, F.S.

Signature of
Registered Agent

Barbara A Burke

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

12-7-99

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	DKJ Family Limited Partnership	27979 Red Raven Dr	Pepper Pike, Ohio 44124
	By: D.K.J. Family Limited Partnership, an Ohio limited partnership, Managing Member		

By: D.K.J. family Corporation, an Ohio

11. I certify that I am managing member/manager of the above named limited liability company and I am authorized 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 of the company has been satisfied and 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.

Signature of
Managing Member/Manager

By:

Gregg S. Lurie, President

Daytime Phone #

216-533-4870

Typed or printed name of signing Managing Member/Manager