

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000001248

1. Limited Liability Company's Name

CRIMSON LION ORLANDO, L.L.C.

2. Principal Office Address
c/o Ropes & Gray
One International Place

Suite, Apt. #, etc.

City & State

Boston, MA

Zip

02110

Country

U.S.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

8/9/1999

6. FEI Number

043478320

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

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**

**Brian Courtney
Asst. V. Pres.**

Date

7/15/03

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
MGRM	Jonathan Lavine	c/o Ropes & Gray One International Place	Boston, MA 02110

REINSTATEMENT

2000-2003

000021632100

11. I certify that I am managing member/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 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**

Date

7/15/03

Daytime Phone #

617.516-2750

Typed or printed name of signing Managing Member/Manager

Jonathan Lavine

CR2E041 (10/02)



CORPORATION SERVICE COMPANY™

199000001248

ACCOUNT NO. : 072100000032

REFERENCE : 162435 4304990

AUTHORIZATION :

Patricia Pigato

COST LIMIT : \$ 305.00

ORDER DATE : July 9, 2003

ORDER TIME : 1:36 PM

ORDER NO. : 162435-015

CUSTOMER NO: 4304990

CUSTOMER: Ms. Lisa Cobbett
Ropes & Gray
One International Place

Boston, MA 02110-2624

REINSTATEMENT

NAME: CRIMSON LION ORLANDO, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____

RECEIVED
03 JUL 17 PM 4:25
DIVISION OF CORPORATION