


FILED

08 JAN 25 AM 8:21

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>1M99000001994</u>			
1. Limited Liability Company's Name SC Collins LLC			
2. Principal Office Address - No P.O. Box # 1685 Collins Ave Suite, Apt. #, etc.		3. Mailing Office Address 475 10th Ave, 11th Floor Suite, Apt. #, etc. C/O Morgans Hotel Group	
City & State Miami Beach, FL		City & State New York, NY	
Zip 33139	Country USA	Zip 10018	Country USA
4. State/Country of Formation DE		5. Date Organized or Qualified To Do Business in Florida 12/15/1999	
6. FEI Number 650966345		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$100 Reinstatement Fee Requested for a Certificate of Status	
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 608, F.S.			
Signature of Registered Agent <u>ARB</u>		Name <b>Arlene Bernal</b> Assistant Secretary	
REGISTERED AGENT		Date <u>1/23/08</u>	
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SC MORGANS/DELANO LLC	16400 NW 2ND AVE, SUITE 200	MIAMI, FL 33139
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 608.408, 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 <u>Richard Symanowski</u>		Date <u>1/23/08</u>	
Typed or printed name of signing Managing Member/Manager <u>Richard Symanowski</u>		Daytime Phone # <u>232-277-4109</u>	

CR2E041 (1/07)

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

REINSTATEMENT 2005-2008

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000021030 3)))



H080000210303ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5926

RECEIVED  
08 JAN 25 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

SC COLLINS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$655.00

Electronic Filing Menu

Corporate Filing Menu

Help

Thomas JAN 28 2008