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FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 JUN -6 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000002639

1. Corporation Name
Glenealy Properties, Inc.

2. Principal Office Address		3. Mailing Office Address	
c/o Pillsbury Winthrop Shaw Pittman, LLP		c/o Pillsbury Winthrop Shaw Pittman, LLP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1540 Broadway		1540 Broadway	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10036-4039	USA	10036-4039	USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 5/28/03

5. FEI Number: 32-0077907 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Kelley Cokefair, Asst. Secretary Date: 6/5/06
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
Pres. /Dir.	Michael W.J. Smurfit	Les Prince de Galles 5 Av. des Citronniers	MC 98000 Monaco
V.P./Sec. Treas. Dir.	Simon C. Groom	Est.-Quest 24 Blvd. Princesse Charlotte	MC 98000 Monaco

B 6/6/06 100075886181

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Simon C Groom May 24 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 155185 4302517

AUTHORIZATION :

COST LIMIT : $1,088.75

ORDER DATE : June 5, 2006

ORDER TIME : 10:33 AM

ORDER NO. : 155185-005

CUSTOMER NO: 4302517

REINSTATEMENT

NAME: GLENEALY PROPERTIES, INC.

RECEIVED
06 JUN -6 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____