PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000011947

LIMITED LIABILITY COMPANY REINSTATEMENT

DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/30/03--01028--006 **250.00

DOCUMENT # L00000011947

1. Limited Liability Company's Name

FirTree (Florida), LLC

2. Principal Office Address	**3.** Mailing Office Address
Atrium at Coral Gables, ste 220	535 5th Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
1500 San Remo Avenue	31st Floor
City & State	City & State
Coral Gables, Florida	New York, New York
Zip / Country	Zip / Country
33146	10017

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/2/2000

6. FEI Number: 74-2975317 — 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: C T 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: Robin LaPeters — REGISTERED AGENT MUST SIGN — Date: 4/22/03

CR2E041 (9/01)

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	FirTree Inc	535 5th Avenue, 31st Floor, New York NY 10017	New York, NY 10017

REINSTATEMENT 01-03 dee

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: [signature] Date: 4/17/03 Daytime Phone #: (212) 599-0090 x22

Typed or printed name of signing Managing Member/Manager: Fergal Cassidy, Vice President & CFO

FirTree Inc