

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

02 DEC 17 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L0100000718

1. DOCUMENT # L0100000718

Name and Mailing Address

0008855 01 FP 0.352 **PRSRT HB 0 0615 10022-602299



FRIDAY HOLDINGS LLC
C/O STARR & COMPANY
350 PARK AVE.
NEW YORK NY 10022-6022



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL, USA

5. Date Organized or Qualified To Do Business in Florida

01/16/2001

Principal Place of Business
C/O STARR & COMPANY
350 PARK AVE.
NEW YORK NY 10022

3. New Principal Place of Business Address
811 SOUTHARD ST
City, State, Zip
KEY WEST, FL 33040

6. FEI Number
22-3778979

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PEARLSTINE, NORMAN
811 SOUTHARD ST.
KEY WEST FL 33040

Name

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

700009559257
12/17/02--01049--008 **155.00

City

FL

Zip Code

10. 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 *Norm Pearlstine*

Date Nov 13, 2002

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NORMAN PEARLSTINE	811 SOUTHARD ST	KEY WEST, FL 33040
MGRM	NANCY FRIDAY	811 SOUTHARD ST	KEY WEST, FL 33040

REINSTATEMENT 2002

12. 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, 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 *Norm Pearlstine*

Date Nov 13, 2002 Daytime Phone # 212-759-6556 RT 120

Typed or printed name of signing Managing Member/Manager NORMAN PEARLSTINE

CR2E084 (8/02)