

L01000010262

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L01000010262
1. Limited Liability Company's Name
 MARINE AMA, LLC

2. Principal Office Address 505 Eighth Avenue Suite, Apt. #, etc. Suite 12A05 City & State New York, NY 10018 Zip 10018		3. Mailing Office Address 505 Eighth Avenue Suite, Apt. #, etc. Suite 12A05 City & State New York, NY 10018 Zip 10018	
Country USA		Country USA	

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03 JUN '26 PM 3:54
TALLAHASSEE, FLORIDA
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08/05/03--01044--029 **150.00

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 6/25/2001	
6. FEI Number 02-0691419	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

10/4/02

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: *[Signature]* Date: 6/25/03
 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	Matalc, LLC	Suite 12A05 505 Eighth Avenue	New York, NY 10018
MGRM	Karalc, LLC	1270 Avenue of the Am. Suite 2310	New York, NY 10020
MGRM	Tepalc, LLC	135 East 57th Street 15th Floor	New York, NY 10022

REINSTATEMENT 2062-2003
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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]* By: Stanley Garber VP Date: 6/25/03 Daytime Phone #: (212) 736-8100
 Typed or printed name of signing Managing Member/Manager: Stanley Garber, VP of MARINE AMA, LLC

CR2E041 (10/02)