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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

900065834899
02/14/06--01037--015 **50.00

2006 FEB -8 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

DOCUMENT

1. Limited Liability Company's Name

OC Manager, LLC

04

2. Principal Office Address	3. Mailing Office Address
84 Business Park Drive	84 Business Park Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Armonk, New York	City & State: Armonk, New York
Zip: 10504 Country: U.S.A.	Zip: 10504 Country: U.S.A.

4. State/Country of Formation: Florida, U.S.A.

5. Date Organized or Qualified To Do Business in Florida: 8/11/2003

6. FEI Number: 36-4537218 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

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Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston | State: FL | Zip Code: 33331

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: Patricia M. Rice Date: 2-8-06

REGISTERED AGENT MUST SIGN

CR2E045 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Martin G. Berger	84 Business Park Drive	Armonk, New York 10504
MGRM	William K. Madden	84 Business Park Drive	Armonk, New York 10504

REINSTATEMENT 2004-2006

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: [signature] Date: 2-7-06 Daytime Phone # 914-273-1200

Typed or printed name of signing Managing Member/Manager: William K. Madden, Managing Member

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