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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M00000000476

FILED
02 NOV -6 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000000476

Name and Mailing Address

0008701 01 FP 0.352 **PRSRT H7 0 0615 33139-636927
RONIN CAPITAL MANAGEMENT LLC
650 WEST AVENUE, SUITE 2502
MIAMI BEACH FL 33139-6369

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 03/13/2000

Principal Place of Business: 650 WEST AVENUE, SUITE 2502 MIAMI BEACH FL 33193

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: NOT APPLICABLE ☐ 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

NATIONAL CORPORATE RESEARCH,LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

9. Name and Address of New Registered Agent

Name

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

500000883202S
11/06/02--01093--001 **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 Wayne Rafanelli, Asst. Sect. Date 11/5/02

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
MGRD	CHUANG, EUGENE	28 MARBLE RD., 31/F	HONG KONG
MGRD	ERIKSSON, MAGNUS	650 WEST AVE., APT. PH-1	MIAMI FL 33139

REINSTATEMENT

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, 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 _____ Date 11/4/02 Daytime Phone # 305 5340800

Typed or printed name of signing Managing Member/Manager Magnus Eriksson