

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000000785			
1. Limited Liability Company's Name Burson-Marsteller LLC			
2. Principal Office Address 230 Park Avenue South Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State New York, NY		City & State	
Zip 10003	Country USA	Zip	Country
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 03/07/2003	
6. FEI Number		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 National Registered Agents, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD.			
Suite, Apt. #, Etc. Suite 508			
City Miami		State FL	Zip Code 33156
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S. National Registered Agents, Inc. Signature of Registered Agent _____ Date 1-18-06 REGISTERED AGENT MUST SIGN Thomas O. Neuman			
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
	See Schedule A Attached hereto		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 Thomas O. Neuman Date 01/18/06 Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager Thomas O. Neuman			

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**Schedule A to
Burson Marsteller, LLC
State of Florida
Limited Liability Company Reinstatement**

FILED
2006 JAN 18 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10. The name and street address of Managing Members/Managers:

Managers:

Name

Chet Burchett

Joe DeLPriore

Mary Ellen Howe

Thomas O. Neuman

Street Address

230 Park Avenue South

New York, New York 10003

230 Park Avenue South

New York, New York 10003

125 Park Avenue

New York, NY 10017

125 Park Avenue

New York, NY 10017

Member:

Young & Rubicam Inc.

285 Madison Avenue

New York, NY 10017