M09000001165

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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LIMITED LIABILITY REINSTATEMENT

ASSENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/09)

DOCUMENT # M03000001165

1. Limited Liability Company's Name

Assent LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5 Marine View Plaza	5 Marine View Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hoboken, New Jersey	City & State: Hoboken, New Jersey
Zip: 07030 Country: United States	Zip: 07030 Country: United States

4. State/Country of Formation: Delaware / United States

5. Date Organized or Qualified To Do Business in Florida: 04/14/2003

6. FEI Number: 74-3086513 ☐ 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: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Margaret E Routzahn MARGARET E. ROUTZAHN Special Assistant Secretary Date: 11/9/09

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each managing Member/Manager	City / State / Zip
MGRM	John F. Allen	5 Marine View Plaza	Hoboken, New Jersey 07030
MGRM	James P. Weber.	6 Marine View Plaza	Hoboken, NJ 07030

REINSTATEMENT 09 RL

11. I certify that I am managing member/manager of the member 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 608.508, 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: 11/9/09 Daytime Phone # 201-356-1490

Typed or printed name of signing Managing Member/Manager: John F. Allen

FL110 - 10/06/2004 CT System Online