M05000006474

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 30 AM 10:05

CR2E041 (05/10)

DOCUMENT

1. Limited Liability Company's Name

M05000006474
Big Apple Entertainment Partners LLC

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1221 Brickell Avenue		1221 Brickell Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2660		Suite 2660	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	U.S.	33131	U.S.

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 11/23/2005

6. FEI Number: 203552607 ☐ 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: CorpDirect Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 515 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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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: Katie Wonsch, Asst. Sec. Date: 9/29/10

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
MGR	Big Apple Entertainment Advisors, LLC	1221 Brickell Avenue Suite 2660	Miami, Fl 33131

REINSTATEMENT 2009-2010

11. E-mail Address: adejongh@1848capital.com
(To be used for future annual report notifications)

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: 9/29/10 Daytime Phone #: (305)374-4243

Typed or printed name of signing Managing Member/Manager: Joseph E. DaGrosa, Jr.