

M0500006474

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

DOCUMENT #

1. Limited Liability Company's Name

M0500006474
Big Apple Entertainment Partners LLC

09

MK

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
1221 Brickell Avenue

3. Mailing Office Address
1221 Brickell Avenue

Suite, Apt. #, etc.
Suite 2660

Suite, Apt. #, etc.
Suite 2660

City & State
Miami, FL

City & State
Miami, FL

Zip Country
33131 U.S.

Zip Country
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 Zip Code
FL 32301

200186427832
10/07/10--01022--006 **332.50

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 Joseph E. DaGrosa, Jr. Date 9/29/10 Daytime Phone # (305) 374-4243

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