

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M-060000006792

1. Limited Liability Company's Name

4th WALL MANAGEMENT LLC

2. Principal Office Address - No P.O. Box #

1800 114th Ave S.E

Suite, Apt. #, etc.

City & State

Bellevue, WA

Zip

98004

Country

3. Mailing Office Address

Same as principal

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

02/10/2006

6. FEI Number

043844316

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 System

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

Date

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
	<u>See attached</u>		
			<u>4001 40389194</u>
			<u>01/12/09--01075--016 **416.25</u>
	<u>S. HAWKES</u>		
	<u>JAN 4 2009</u>		
	<u>EXAMINER</u>	<u>REINSTATEMENT</u>	
		<u>2007-9</u>	

11. 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

1/8/09

Daytime Phone #

(425) 943-8000

Typed or printed name of signing Managing Member/Manager

FILED
 09 JAN 13 PM 12:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (10/08)

4th Wall Management, LLC
Listing of Officer and Director

Donald Rench
Secretary and Corporate Counsel
1800 114th Avenue SE
Bellevue, WA 98004

Brian Turner
Chief Financial Officer
1800 114th Avenue SE
Bellevue, WA 98004

FILED
09 JAN 13 PM 12:53
SECRETARY OF STATE
TALLMANSSEEK DIVISION