

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY -4 PM 3:01

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000000688
1. Limited Liability Company's Name
EBKT ZOC, LLC 04

BKL

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #
c/o Carter Ledyard & Milburn
Suite, Apt #, etc
Attn: Lee Ohliger, Esq.
City & State
New York
Zip 10005 Country USA

3. Mailing Office Address
2 Wall Street
Suite, Apt #, etc
City & State
New York
Zip Country

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
February 8, 2008

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$3.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hayes Street
Suite, Apt #, Etc
City Tallahassee State FL Zip Code 32301

E-mail Address:
500207186285
ohliger@clm.com
(To be used for future annual report notices)

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 *[Signature]* **Jeanine Reynolds as its agent** Date 5-4-11
REGISTERED AGENT MUST SIGN

10. Names and Street Address of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State, Zip
Manager	Lee A. Ohliger	Carter Ledyard & Milburn LLP, 2 Wall Street	New York, New York 10005
Member	Emily B. Kirby and Stephen F. Tappert as Trustees under indenture of Emily B. Kirby dated 4/12/05	2000 Greenbriar Lane	Riverwoods, Illinois 60015

REINSTATEMENT 2009-2011

11. I certify that I am managing member/manager or the trustee or trustee empowered to execute in 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 corrected, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all taxes owed by the limited liability company have been paid. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Lee A. Ohliger* Date 5/2/11 Daytime Phone # 212-238-8716
Typed or printed name of signing Managing Member/Manager: Lee A. Ohliger



CORPORATION SERVICE COMPANY

MAS0000000688

ACCOUNT NO. : I20000000195

REFERENCE : 766007 4300358

AUTHORIZATION :

COST LIMIT : \$ 516.25

Spideles

ORDER DATE : May 3, 2011

ORDER TIME : 9:25 AM

ORDER NO. : 766007-005

CUSTOMER NO: 4300358

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 MAY -4 AM 10:49

RECEIVED

REINSTATEMENT

NAME: EBKT ZOC, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS

BR

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