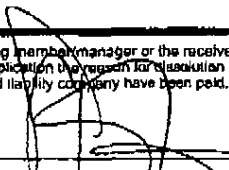


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M99000000497			
1. Limited Liability Company's Name MP Marketing of Florida LLC			
2. Principal Office Address 1995 Broadway Suite, Apt. #, etc. 3rd Floor City & State New York, N.Y. Zip Country 10023 USA		3. Mailing Office Address 1995 Broadway Suite, Apt. #, etc. 3rd Floor City & State New York, N.Y. Zip Country 10023 USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 4/2/99	
6. FBI Number 22-3643163		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
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 		SHEILA CLARK 12-4-03 Assistant Secretary	
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
MGRM	Millennium Partners Management LLC	1995 Broadway	New York, N.Y. 10023
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 _____ Daytime Phone # _____	
Typed or printed name of signing Managing Member/Manager Steven Hoffman			

CR25041 (10/02)

Paul Hastings

Paul, Hastings, Janofsky & Walker LLP
75 East 55th Street, New York, New York 10022-3205
telephone 212-318-6000 / facsimile 212-319-4090 / internet www.paulhastings.com

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deborahgoldman@paulhastings.com

December 4, 2003

42241.00001

VIA UPS

Division of Corporations
Registration Section
409 E. Gaines St.
Tallahassee, FL 32399

Re: Reinstatement

To whom it may concern:

Please file the enclosed Reinstatement form for MP Marketing of Florida LLC and return proof of filing to me at your earliest convenience. Thank you.

Very truly yours,



Deborah Goldman
Paralegal

Enclosure