L05000029124

FILED
08 JAN -8 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05-29124

1. Limited Liability Company's Name
Broadway Florida LLC

800001194918
01/07/08--01037--007 **105.00

CR2E041 (1/07)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
80 Broad Street	80 Broad Street
Suite, Apt #, etc: 29th Floor	Suite, Apt #, etc: 29th Floor
City & State: New York, NY	City & State: New York, NY
Zip: 10004 Country: New York	Zip: 10004 Country: New York

4. State/Country of Formation: TALLAHASSEE, FLORIDA

5. Date Organized or Qualified To Do Business in Florida: March 23, 2005

6. FEI Number: 04-3820853 ☐ 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: Corporation Service Company

Street Address (P O Box Number is Not Acceptable): 801 HAYS Street

Suite, Apt #, Etc:

City: TALLAHASSEE State: FL Zip Code: 32301

☐ 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.

9/15/06

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: Ann R Shilling Ann R. Shilling, Assistant VP Date: 12/31/07

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	Joseph Neumann	80 Broad Street - 29th Fl	New York, NY 10004
MGRM	Charles Herzka	80 Broad Street - 29 Fl	New York, NY 10004

REINSTATEMENT 2006 2007
Without Penalty 1/8/08

800001194918
01/07/08--01037--008 *100.00

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 608.408, 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: Charles Herzka Date: 12/31/07 Daytime Phone: (212) 493-7000

Typed or printed name of signing Managing Member/Manager: Charles Herzka