

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

15 MAY -1 PM 4:40
 RECEIVED DATE
 03/12/2010

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M10000001166

1. Limited Liability Company's Name
 ALVP Holdings, LLC

2. Principal Office Address - No P.O. Box #
 265 Davidson Avenue

Suite, Apt. #, etc.
 Suite 400

City & State
 Somerset, NJ

Zip Country
 08873-4120 USA

3. Mailing Office Address
 265 Davidson Avenue

Suite, Apt. #, etc.
 Suite 400

City & State
 Somerset, NJ

Zip Country
 08873-4120 USA

4. State/Country of Formation
 Delaware

5. Date Organized or Qualified To Do Business in Florida
 03/12/2010

6. FEI Number 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
 C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code
 Plantation FL 33324

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Connie Bryan **Connie Bryan** Date May 1, 2015

REGISTERED AGENT MUST SIGN: Connie Bryan

10. Names and Street Addresses of Authorized Representative/Managers

Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	David Vernieri	265 Davidson Avenue	Somerset, NJ 08873
MGRM	Jeffrey Hostler	265 Davidson Avenue	Somerset, NJ 08873
MGRM	Matthew Holley	265 Davidson Avenue	Somerset, NJ 08873

REINSTATEMENT MAY 01 2015 G. HUNT

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager David Vernieri Date 4-30-15 Daytime Phone # 732.564-2200

Typed or printed name of signing Authorized Representative/Manager David Vernieri