11/14/2013 15:41:42 From: To: 8506176384

FILED
Nov 08, 2013 08:00 AM
Secretary of State

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E039 (1/11)

DOCUMENT # B11000000259

1. Name of Limited Partnership
Prologue Capital Management, L.P.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1000 5th Street	1000 5th Street
Suite, Apt. #, etc.: Suite 404	Suite, Apt. #, etc.: Suite 404
City & State: Miami Beach, FL	City & State: Miami Beach, FL
Zip: 33139 Country: USA	Zip: 33139 Country: USA

4. Date Formed or Registered To Do Business in Florida: 12/23/2011

5. FEI Number: 273508457 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ — $8.75 Additional Fee required for a Certificate of Status

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

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 FL Zip Code: 33324

E-mail Address:
legalnotices@prologuecapital.com
E-Mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1516 or 620.1909, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): [signature] Tammy Tortoroo Vice President 11/8/13
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Prologue Capital Management, LLC	1000 5th Street Suite 404	Miami Beach, FL 33139	M11000006443

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. [illegible]

SIGNATURE [signature] DATE 11/8/13

Typed or Printed Name of General Partner Signing Form: Graham Walsh Telephone Number: 203-842-0331

S. HAWKES
NOV 14 2013
EXAMINER

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Please retain as proof of filing

Date of submission 11/8

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LP/LLLP REINSTATEMENT
PROLOGUE CAPITAL MANAGEMENT, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$1,000.00

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DIVISION OF CORPORATIONS
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November 13, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PROLOGUE CAPITAL MANAGEMENT, L.P.
1000 5TH STREET
SUITE 404
MIAMI BEACH, FL 33139

SUBJECT: PROLOGUE CAPITAL MANAGEMENT, L.P.
REF: B11000000259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The form submitted is not suitable for archiving. Please resubmit a legible document for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Regulatory Specialist II

FAX Aud. #: H13000248761
Letter Number: 713A00026235

RE-SUBMIT
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date of submission 11/8