

508.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSFILED
08 NOV 13 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000166

1. Name of Limited Partnership

Manatee Acquisition Associates, Limited Partnership

08

2. Principal Office Address - No P.O. Box #

c/o Sitt Asset Management, LLC

3. Mailing Office Address

c/o Sitt Asset Management, LLC

Suite, Apt. #, etc.

One Penn Plaza, Suite 3430

Suite, Apt. #, etc.

One Penn Plaza, Suite 3430

City & State

New York, NY

City & State

New York, NY

Zip

10119

Country

USA

Zip

10119

Country

USA

4. Date Formed or Registered
To Do Business in Florida

02/12/1998

5. FEEL Number

223540326

Applied For

Not Applicable

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

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City
WestonState
FLZip Code
33331

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.☒ A \$500 penalty is due for each year or part thereof of the entity's
certificate of authority was revoked on our records, except in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 \$500 penalty fee(s) be waived.9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620,
Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

(REGISTERED AGENT MUST SIGN)

DATE 11-12-08

**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

Sitt Acquisition LLC

One Penn Plaza, Suite
3430

New York, NY 10019

M06000002856

400138183524
11/21/08--01045--005 **1500.00**REINSTATEMENT 2008****Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of
Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated
on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or
trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE 11/10/08

Typed or Printed Name of General Partner Signing Form

JACK SITT

Telephone Number 712-777-7488