PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 MAR -3 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000005609

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03/16/06--01008--004 **917.50

REINSTATEMENT 05-06

CR2E081 (12/05)

1. Corporation Name

EMPIRIAN BAY MANAGING MEMBER CORP

2. Principal Office Address		3. Mailing Office Address	
25 Philips Parkway		25 Philips Parkway	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Montvale, NJ		Montvale, NJ	
Zip	Country	Zip	Country
07645	USA	07645	USA

4. Date Incorporated or Qualified To Do Business In Florida 11/10/2003

5. FEI Number 470913998 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. 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: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Connie Bryan Special Asst. Secy — Date: March 3, 2006
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ezra Beyman	25 Philips Parkway	Montvale, New Jersey 07645

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: _____ March 1, 2006 201-505-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLD10 - 01/04/2006 C T System Online