Florida Department of State

Division of Corporations

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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: _____

CORPORATION REINSTATEMENT

LAIDLAW & COMPANY (UK) LTD., INC.

~~Certificate of Status~~ CC	+
Certified Copy	01
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # F06000003420

1. Corporation Name
Laidlaw & Company (UK) Ltd., Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
18305 Biscayne Blvd.	90 Park Ave.
Suite, Apt. #, etc.: Suite 303	Suite, Apt. #, etc.: 31st Floor
City & State: Aventura, FL	City & State: New York, NY
Zip: 33160 Country: USA	Zip: 10016 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee required for 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: Debbie Diaz Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 2/09/2011

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
Co-Pres	Marc Ellis	90 Park Ave.	New York, NY 10016
Co-Pres	Alex Shtaynberger	90 Park Ave.	New York, NY 10016
			S. HAWKES
	REINSTATEMENT		JAN 9 2011
			EXAMINER
	2010-11		

10. E-mail Address: baleman@laidlawltd.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, 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 in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Beatrice Laleman 1/26/2011 212-953-4977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #