PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUL 29 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000223

1. Corporation Name:
MAFCO HOLDINGS INC.

REINSTATEMENT 07-08

CR2E081 (12/07)

JC 7/30

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
35 East 62nd Street	35 East 62nd Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10065 Country:	Zip: 10065 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/12/1992

5. FEI Number: 133603886 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: THE PRENTICE-HALL CORPORATION SYSTEM INC.
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301

☐ The reinstatement fee is imposed, 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 reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Canna L. Dunlap Canna L. Dunlap Asst. Vice President Date: 7/29/08
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Ronald O. Perelman, director	35 East 62nd Street	NY, NY 10065
D	Barry F. Schwartz, director	35 East 62nd Street	NY, NY 10065
EVP	Paul G. Savas, EVP	35 East 62nd Street	NY, NY 10065
SVP	Michael C. Borofsky, SVP	35 East 62nd Street	NY, NY 10065

10. I certify that I am an officer or director of 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 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: [signature] 212-572-8430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
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Division of Corporations
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Account Number : I20000000195
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CORPORATION REINSTATEMENT

MAFCO HOLDINGS INC.

Please Note Changes

Certificate of Status	0
Certified Copy	~~0~~ 1
Page Count	~~02~~ 3
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$ 908.75

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