

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 26 AM 9 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006610**

1. Corporation Name

Macquarie Holdings (U.S.A.) Inc.

2. Principal Office Address

600 Fifth Avenue

Suite, Apt. #, etc.

21st Floor

City & State

New York, NY

Zip

10020

Country

USA

3. Mailing Office Address

600 Fifth Avenue

Suite, Apt. #, etc.

21st Floor

City & State

New York, NY

Zip

10020

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

13-3789912

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

CT 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

REGISTERED AGENT MUST SIGN

000042441330

11/03/04--D1048--001 **150.00

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
D/P	Murray Bleach	119 Brewster Road	Scarsdale, NY 10583
D	Jane Magill	57 Deforest Avenue	Summit, NJ 07901
D	Luke Sullivan	305 West 50th St., Apt. 10E	New York, NY 10019
D	Shemara Wikramanayake	600 Fifth Ave., 21st Floor	New York, NY 10020
VP/T/S	John Mullin	18 Elen Road	Garden City, NY 11530

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Mullin

JOHN B. MULLIN

10/19/04

Date

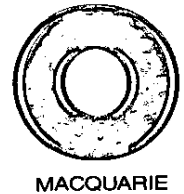
(212) 548-2732

Daytime Phone #

CR2E001 (01/04)

October 25, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314
Attn: Mr. Tyrone Scott
Document Specialist



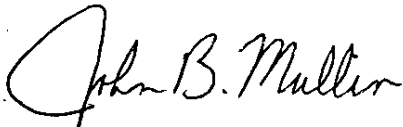
Dear Mr. Scott,

Per your phone discussions on October 1, 2004 and October 19, 2004 with Ms. Asti Adi, please find enclosed Macquarie Holdings (U.S.A.) Inc.'s ("MUSA") Corporate Reinstatement Form as a replacement of MUSA's annual report and a check payable to "Department of State" in the amount of \$150.

As we did not received any notice or postcard from the state of Florida prior to the "Notice of Intent to Dissolve" which we received on October 1, 2004, we are respectfully requesting an abatement of the \$750 reinstatement fee. As requested, please also find enclosed the October 5, 2004 letter that was sent to us along with the "Corporate Reinstatement" form.

Thank you in advance for your assistance. If you have any questions, please call or Ms. Asti Adi at (212) 548-2575 or me at (212) 548-2732.

Sincerely,



John Mullin
Chief Financial Officer