

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 NOV 12 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 20000003323

1. Limited Liability Company's Name
Fishbowl, L.L.C.

Rei. 2013
CR2EB41 (1/11)

11/13/13

2. Principal Office Address - No P.O. Box #
Tudor Investment Corp.
One American Lane

3. Mailing Office Address
Tudor Investment Corp.
One American Lane

4. State/Country of Formation
Florida/USA

Suite, Apt. #, etc.
210

Suite, Apt. #, etc.
210

5. Date Organized or Qualified
To Do Business in Florida 3/23/2000

City & State
Greenwich, CT

City & State
Greenwich, CT

6. FEI Number
651001885

Applied For
☐ Not Applicable

Zip
06831

Country
USA

Zip
06831

Country
USA

7. CERTIFICATE OF STATUS DESIRED ☐

\$0.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

NAME

CT Corporation System

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

1200 Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

E-mail Address:

Anthony@jnsgrp.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of

Registered Agent Connie Bryan

REGISTERED AGENT MUST SIGN

Connie Bryan

Date 11/08/2013

Assistant Secretary

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
<u>MGRM</u>	<u>Paul Tudor Jones, II</u>	<u>92 Harbor Drive</u>	<u>Greenwich, CT 06830</u>

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing
Member/Manager

Date 11/7/13

Daytime Phone # 203-302-7401

Typed or printed name of signing Managing Member/Manager



November 8, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FISHBOWL, L.L.C.
ONE AMERICA LANE
210
GREENWICH, CT 06831

SUBJECT: FISHBOWL, L.L.C.
REF: L00000003323

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Suzanne Hawkes
Regulatory Specialist II

FAX Aud. #: H13000248147
Letter Number: 813A00026026

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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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.****

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**LIMITED LIABILITY REINSTATEMENT
FISHBOWL, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$238.75

*(Please file)
1st
Attn: Suzanne
Hawkes*

Rec. 11/12/13

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