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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

MARINER LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$155.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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TALLAHASSEE, FLORIDA
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DOCUMENT # L00000008127

1. Limited Liability Company's Name

Mariner LLC

2. Principal Office Address		3. Mailing Office Address	
c/o Marvin S. Rosen 222 Lakeview Avenue		Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 800			
City & State		City & State	
West Palm Beach, FL			
Zip	Country	Zip	Country
33401	USA		

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: July 10, 2000

6. FEI Number: [ ] Applied For [X] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301-2525

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Brian Courtney as its agent — Date: 12-21-01

REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Richard K. Strauss	255 Ralston Avenue	Mill Valley, CA 94941

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.408, 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.

Signature of Managing Member/Manager: RKS — Date: 12/21/01 — Daytime Phone# 703-625-8491

Typed or printed name of signing Managing Member/Manager: Richard K. Strauss

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