LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State

DIVISION OF CORPORATIONS

APPROVED AND FILEO HIS FORM.

03 FEB 28 PM 2: 23

SECRETARY OF SHATE TABLE AHASSEE, FUORIDA

D	OCUMENT #	L01000004948
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REINSTATEMENT

1002-

11 Emilion Claumity Company Communication	•				100 6	
ALTON & LENN	OX, LLC		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 3/30/01 6. FEI Number 02-0536990 Not.			
2. Principal Office Address	3. Mailing C					
425 East 61 Str		1100 Biscayne Blvd. Suite, Apt. #, etc. 7th Floor City & State Miami, Florida				
Suite, Apt. #, etc.						
	7th F					
City & State	City & State					
New York NY	· · · · · · · · · · · · · · · · · · ·					
2ip Country 10021 USA	zip   33132	Country	7. CERTIFICAT		.00 Additional F for a Certificate	
10021 1 007		Name and Address of Curre	nt Registered Agent			
Street Address (P.O. I	ables agent of the above named limite		027	State Zip Code FL 33134 ations of Chapter 608, F.S.	07 **200.00 	
•		SENT MUST SIGN	<del></del>	······································		
10. Names and Street Addresses	or managing members/manager Name of	T	ress of Each			
	Managing Members/ManagersManaging Members					
MGR M & E Hold	lings, LLC	425 East 61	Street	New York NY	10021	
					Mb_	
11. I certify that I am managing me	imber/manager or the receiver of ion the reason for dissolution has	or trus ee empowered to execu	ute this application as provid	ded for in chapter 608, F.S. I files the requirements of socials	urther certify tha	
filing this reinstatement applicate all fees owed by the limited liable as if made under oath.  Signature of Managing Member/Manager	ion the reason for dissolution has illity company have been paid. The	ne information indicated on this	Date 2 26 -0 3	paytime Phone # (305)	ave the same leg	

Typed or printed name of signing Managing Member/Manager \_\_Jacob I Sopher