PLEAL OULDS RATION DE FRANCISCO DE LA COMPLETA DE L

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCL	JMFNT	# LO:	1000010262

USA

1. Limited Liability Company's Name

MARINE AMA, LLC

2. Principal Office Address 3. Mailing Office Address 505 Eighth Avenue 505 Eighth Avenue Suite, Apt. #, etc. Suite, Apt. #. etc. Suite 12A05 Suite 12A05 City & State City & State New York, NY 160116 New York, NY Zip Country Zip Country

10018

500022070615 08/05/03--01044--028 **150.00

- 4. State/Country of Formation Florida/USA
- Date Organized or Qualified To Do Business in Florida

6. FEI Number 02-0691419

6/25/2001 Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent Corporation Service Company 500022070515 08/05/03--01044--029 ***45 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. 500022070615 02/05/03--01044--031 State Zip Code 32301 City Tallahassee

9.	I, being appointed the registered agent of the above named smilled liability company, am familiar with and accept the obligations of Chapt	er 608, F.S.	
	In Allere	0/2	

USA

Signature of Registered Agent

10018

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers Mame of Managing Members/Managers Street Address of Each Managing Member/ Manager Titles City / State / Zip Suite 12A05 MGRM Matalc, LLC 505 Eighth Avenue New York, NY 10018 1270 Avenue of the Am. MGRM Karalc, LLC <u>Suite 2310</u> New York, NY 10020 135 East 57th Street MGRM Tepalc, LLC 15th Floor New York, NY 10022

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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 fling this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, 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.

Managing Member/Manager

VP Date 6/25/03 Daytime Phone # (212) 736-8100

Typed or printed name of signing Managing Member/Manager Stanley Garber, VP of MARINE AMA, LLC