FILED

15 MAR 19 PM 4:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000021898

1. *Limited Liability Company's Name*
BCD, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Kasowitz, Benson 1633 Broadway	Kasowitz, Benson 1633 Broadway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Attn: Jack Schulman, Esq.	Attn: Jack Schulman, Esq.
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10019 / USA	10019 / USA

CR2E041 (1/14)

4. State/Country of Formation: Florida

5. *Date Organized or Qualified To Do Business in Florida*: 12/18/2001

6. *FEI Number*: 16-1618226 ☐ Applied For ☐ 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: Kasowitz, Benson, Torres & Friedman LLP

Street Address (P.O. Box Number is Not Acceptable) Suite,: 1441 Brickell Avenue, The Four Seasons Tower

Apt #, Etc: Suite 1420

City: Miami | State: FL | Zip Code: 33131

800270833468

MAR 19 2015

L. SELLERS

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: By: _____, Partner — Date: March 16, 2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Harold Levine	c/o Moritt Hock & Hamroff LLP	New York, NY 10123
		450 Seventh Avenue	

REINSTATEMENT 2013-2015

11. E-mail Address: jschulman@kasowitz.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member _____ Date 3/16/2015 Daytime Phone # (917) 853-1343

Typed or printed name of signing authorized representative/member: Harold Levine

file first
*do not separate
please*

202

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 551305 170700A

AUTHORIZATION : [signature]

COST LIMIT : $ 516.25

ORDER DATE : March 17, 2015

ORDER TIME : 11:53 AM

ORDER NO. : 551305-005

CUSTOMER NO: 170700A

DOMESTIC FILINGS

NAME: BCD, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____