Jul-11-05 02:18pm From- T-[illegible] P.02/02 F-724

L02000011864

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUL 12 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011864

1. Limited Liability Company's Name
Ajax Key Biscayne, LLC

2. Principal Office Address	3. Mailing Office Address
54 Thompson Street	P.O. Box 580
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10012 Country: USA	Zip: 10013 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/16/2002

6. FEI Number: 22-3865432 ☐ 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: David P. Kron c/o Akerman Senterfitt
Street Address (P.O. Box Number is Not Acceptable): 350 East Las Olas Centre II, Suite 1600
Suite, Apt. #, Etc.:
City: Fort Lauderdale State: FL Zip Code: 33301-2229

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: [signature] REGISTERED AGENT MUST SIGN Date: 7/11/05

CR2E044 (10/02)

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
COO	Ajax Capital, LLC, by David M. Prager	54 Thompson Street	New York, NY 10012
		000057374160	
	REINSTATEMENT 2003-2005		

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 608.406, 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.

Signature of Managing Member/Manager: [signature] Date: 7/11/05 Daytime Phone #: 212-965-2368

Typed or printed name of signing Managing Member/Manager: DAVID M PRAGER

CSC.

CORPORATION SERVICE COMPANY

L02000011864

ACCOUNT NO. : 072100000032

REFERENCE : 478794 10811A

AUTHORIZATION : Patricia Pizzo

COST LIMIT : $ 250.00

ORDER DATE : July 12, 2005

ORDER TIME : 2:38 PM

ORDER NO. : 478794-005

CUSTOMER NO: 10811A

CUSTOMER: Jamie L. Pala, Esq.
Sider & Kron, P.a. P.a
150 East Boca Raton Road

Boca Raton, FL 33432

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: AJAX KEY BISCAYNE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

FILED
05 JUL 12 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____