L03000011608

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 OCT 29 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000011608

1. Limited Liability Company's Name

ERAN INTERNATIONAL LLC

CR2E041 (1/07)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
845 Third Ave.	845 Third Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
6th Floor	6th Floor
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10022 / USA	10022 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 1, 2003

6. FEI Number: 030520312 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED XX $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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Doreen Wallace Doreen Wallace Assistant Vice President Date: 10/29/07

REGISTERED AGENT MUST SIGN

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
MGR	Kimberly Sleeman	845 Third Ave. 6th Floor	New York, NY 10022

600111437836

REINSTATEMENT 2006-2007

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: Kimberly Sleeman Date: 10/22/07 Daytime Phone #: 917-837-1315

Typed or printed name of signing Managing Member/Manager: Kimberly Sleeman

CSC

CORPORATION SERVICE COMPANY

L03000011608

RECEIVED
07 OCT 29 AM 10:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 292145 7379297

AUTHORIZATION : Lynell Coleman

COST LIMIT : $ ~~150.00~~ 200.00

ORDER DATE : October 26, 2007

ORDER TIME : 9:38 AM

ORDER NO. : 292145-005

CUSTOMER NO: 7379297

BK

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07 OCT 29 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: EBAN INTERNATIONAL LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Doreen Wallace - Ext# 2928

EXAMINER'S INITIALS BK