

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 13 AM 10:53

DOCUMENT # L03000015685

1. Limited Liability Company's Name

Quantum Sky LLC

2. Principal Office Address

c/o RFR Holding, LLC, 390 Park Avenue

Suite, Apt. #, etc.

Third Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

c/o RFR Holding, LLC, 390 Park Avenue

Suite, Apt. #, etc.

Third Floor

City & State

New York, NY

Zip

10022

Country

USA

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

5/01/2003

6. FEI Number

☒ 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

Robert E. Dady, Esq.

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle

Suite, Apt. #, Etc.

Suite 601

City

Coral Gables

State

FL

Zip Code

33134

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

Date May 16, 2006

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	Michael Fuchs	390 Park Avenue, 3rd Floor	New York, NY 10022
Asst. Mgr.	Philip Herman	390 Park Avenue, 3rd Floor	New York, NY 10022
Asst. Mgr.	Robert E. Dady	201 Alhambra Circle, #601	Coral Gables, FL 33134

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11. I certify that I am managing member/manager of 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

Date 5/16/06

Daytime Phone # 305/357-1001

Typed or printed name of signing Managing Member/Manager

Robert E. Dady, Authorized Representative