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Fax Number : (850)205-0383

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

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LIMITED LIABILITY REINSTATEMENT

MEYER-MARKELSON-YOUNG, LLC

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATION

DOCUMENT # L03000019539

1. Limited Liability Company's Name
Meyer-Markelson-Young, LLC

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
551 Fifth Ave.		551 Fifth Ave.	
Suite, Apt. #, etc. 3100		Suite, Apt. #, etc. 3100	
City & State New York, NY		City & State New York, NY	
Zip 10176	Country USA	Zip 10176	Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 5/30/2003

6. FEI Number: ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 2731 Executive park Drive

Suite, Apt. #, Etc.: Suite 4

City: Weston State: FL Zip Code: 33331

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: Mary Pons Date: 10-24-06
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Anthony E. Meyer	551 Fifth Ave., Suite 3100	New York, NY 10176
REINSTATEMENT		2005-2006	

11. I certify that I am managing member/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 requirements of section 605.0108, 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: 10/23/06 Daytime Phone #: 212/389-6521

Typed or printed name of signing Managing Member/Manager: Anthony E. Meyer