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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L03000046638			
1. Limited Liability Company's Name 4821 Fisher Island, LLC			
2. Principal Office Address - No P.O. Box # c/o Richard S. Zimmerman Suite, Apt. #, etc. Berdon LLP 360 Madison Ave. City & State New York, NY Zip 10017 Country USA		3. Mailing Office Address c/o Richard S. Zimmerman Suite, Apt. #, etc. Berdon LLP 360 Madison Ave. City & State New York, NY Zip 10017 Country USA	
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 11/21/2003	
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 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 608, F.S. Signature of Registered Agent <i>Sharon K. Hean</i> Date _____ REGISTERED AGENT MUST SIGN			
10. Name and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Richard S. Zimmerman	c/o Berdon LLP 360 Madison Ave.	New York, NY 10017
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 <i>Richard S. Zimmerman</i>		Date 3/20/2008	Daytime Phone # (212) 699-6709
Typed or printed name of signing Managing Member/Manager Richard S. Zimmerman			

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☒ 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.

REINSTATEMENT

2005-2008

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