

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 AUG -8 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/21/07--01026--013 **250.00

CR2E041 (1/07)

DOCUMENT # L04000014303

1. Limited Liability Company's Name

10 MP Investments LLC

05

2. Principal Office Address - No P.O. Box #

1040 Biscayne Blvd.

Suite, Apt. #, etc.

Unit

City & State

Miami, Florida

Zip

33137

Country

USA

3. Mailing Office Address

40 5th Cohn LLP
1212 Ave of The Americas

Suite, Apt. #, etc.

City & State

New York, N Y

Zip

10036

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/23/04

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

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

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

Cynthia L. Harris

Cynthia L. Harris
Asst. Vice President

Date

6/28/07

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
<u>Manager</u>	<u>Andrew Heiberger</u>	<u>712 Fifth Ave, 41st Flr</u>	<u>New York, N Y 10019</u>

REINSTATEMENT 05-07

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Andrew Heiberger