L04000033339

Florida Department of State
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L. SELLERS
JUN - 5 2009
EXAMINER

LIMITED LIABILITY REINSTATEMENT

CONTRALTO, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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$ 412.50

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/06)

DOCUMENT # L04000033339

1. Limited Liability Company's Name

Contralto, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o AFI USA	c/o AFI USA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
229 W. 43rd St., 10th Floor	229 W. 43rd St., 10th Floor
City & State	City & State
New York, New York	New York, New York
Zip / Country	Zip / Country
10036 / USA	10036 / USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 4/30/2004

6. FEI Number: 201414963 ☐ 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: Maya Tzinder

Street Address (P.O. Box Number is Not Acceptable): 3050 Biscayne Blvd., 700W

Suite, Apt. #, Etc.: Suite 700

City: Miami | State: FL | Zip Code: 33137

☐ 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 _____ Date 6/4/09

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
MGRM	Olympia Florida, LLC	229 West 43rd Street, 10th Floor	New York, New York 10036

REINSTATEMENT 0809

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 _____ Date 6/4/09 Daytime Phone # 212-205-1400

Typed or printed name of signing Managing Member/Manager Tamir Kazaz, CEO

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