

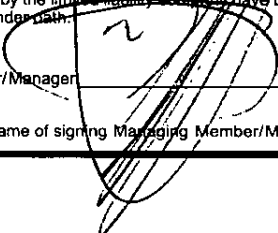


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000062525			
1. Limited Liability Company's Name PMG LONGBOAT, LLC			
2. Principal Office Address - No P.O. Box # 5 E 17th Street, Second Floor Suite, Apt. #, etc.		3. Mailing Office Address 5 E 17th Street, Second Floor Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10003	Country US	Zip 10003	Country US
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida 08/24/2004	
6. FEI Number 20-2971001		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent Name Julie Horstkamp Street Address (P.O. Box Number is Not Acceptable) 50 Central Avenue, Suite 700 Suite, Apt. #, Etc. City Sarasota State FL Zip Code 34236			
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 10/29/08 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	Kevin P. Maloney	5 E 17th Street, 2nd Floor	New York, NY 10003
MGR	Ziel Feldman	5 E 17th Street, 2nd Floor	New York, NY 10003
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 10/28/08 Daytime Phone # 212-610-2863			
Typed or printed name of signing Managing Member/Manager Kevin P. Maloney Manager			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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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 2007-08