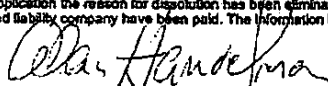


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 DEC 12 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000082855			
1. Limited Liability Company's Name 06 M.F. 1800 Club, LLC			
2. Principal Office Address - No P.O. Box # 390 Park Avenue		3. Mailing Office Address 390 Park Avenue	
Suite, Apt. #, etc. 3rd Floor		Suite, Apt. #, etc. 3rd Floor	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 1/15/2004			
6. FEEL Number 20-2996500		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 B/K Robert E. Dady, Esq. 201 Alhambra Circle Suite, Apt. #, Etc. Suite 601 City Coral Gables State FL Zip Code 33134			
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 11/30/07 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
Mgr	Michael Fuchs	390 Park Avenue, 3rd Floor	New York, NY 10022
MGR	ALAN HANDELMAN	390 Park Avenue, 3rd Floor	New York, NY 10022
REINSTATEMENT 2006-2007			
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 608.405, 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 12/12/07 Daytime Phone # 2123481000 Typed or printed name of signing Managing Member/Manager ALAN HANDELMAN			

B/K

400113080834

CR2E041 (1/07)



L04000082855

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 356975 7412316

AUTHORIZATION :

COST LIMIT : \$ 100

ORDER DATE : December 12, 2007

ORDER TIME : 11:01 AM

ORDER NO. : 356975-005

CUSTOMER NO: 7412316

DOMESTIC FILINGS

NAME: M.F. 1800 CLUB, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS

RECEIVED
07 DEC 12 PM 12:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 DEC 12 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA