FILED
07 DEC 12 PM 3:48
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

400113080834

CR2E041 (1/07)

DOCUMENT # L04000082855

1. Limited Liability Company's Name

M.F. 1800 Club, LLC

06

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
390 Park Avenue		390 Park Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
3rd Floor		3rd Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10022	USA	10022	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/15/2004

6. FEI 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

Name: Robert E. Dady, Esq.

Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle

Suite, Apt. #, Etc.: Suite 601

City: Coral Gables | State: FL | Zip Code: 33134

☑ 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: Robert E. Dady — 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 608.408, 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: Alan Handelman — Date: 12/11/07 — Daytime Phone #: 212 308 1000

Typed or printed name of signing Managing Member/Manager: ALAN HANDELMAN

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

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

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

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