

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2008 NOV 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/17/08--01044--022 **441.25

CR2E041 (10/08)

DOCUMENT # L05000017371

1. Limited Liability Company's Name

DEN HAAG CAPITAL, LLC

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

1 FARRAGUT PLACE

Suite, Apt. #, etc.

City & State

MORRISTOWN, NJ

Zip

07960-5212

Country

USA

3. Mailing Office Address

1 FARRAGUT PLACE

Suite, Apt. #, etc.

City & State

MORRISTOWN, NJ

Zip

07960-5212

Country

USA

4. State/Country of Formation

FLORIDA/DUVAL

5. Date Organized or Qualified

To Do Business in Florida FEB 21, 2005

6. FEI Number

58-2466593

☐ 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

JAMES A CLARK

Street Address (P.O. Box Number is Not Acceptable)

3680 RICHMOND ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32205

☒ 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

REGISTERED AGENT MUST SIGN

Date 12/12/08

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	JAMES A CLARK	1 FARRAGUT PLACE	MORRISTOWN, NJ 07960
MGRM	BYRON L KNIEF	18 EAST 95TH ST.	NEW YORK, NY 10028
MGRM	STRUAN E ROBERTSON	18 EAST 95TH ST.	NEW YORK, NY 10028

REINSTATEMENT 06-08 AL

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 12/12/08

Daytime Phone # 973-889-5372

Typed or printed name of signing Managing Member/Manager JAMES A CLARK