


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
07 OCT 10 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000034030			
1. Entity Name GIDDYAP, LLC			
Principal Place of Business C/O FISHER BROTHERS 299 PARK AVENUE NEW YORK, NY 10171		Mailing Address C/O FISHER BROTHERS 299 PARK AVENUE NEW YORK, NY 10171 <b>BK</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Paul, Hastings	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 75 E. 55th Street	
City & State		City & State New York, NY	
Zip	Country	Zip	Country
10022	U.S.A.	10022	U.S.A.
4. FEI Number 20-2639883		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Sarah K. Drake</u> <b>Sarah K. Drake as its agent</b> 10/10/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FISHER, RICHARD L 299 PARK AVENUE NEW YORK, NY 10171 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sole Member Estate of Richard L. Fisher 299 Park Avenue New York, New York 10171 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. Estate of Richard L. Fisher by Martin L. Edelman, Executor SIGNATURE: <u>M. Edelman</u> 10/10/07 (212) 318-6000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

**REINSTATEMENT 2007**



CORPORATION SERVICE COMPANY

**L05000034030**

RECEIVED

07 OCT 10 PM 4:09

ACCOUNT NO. : 0721000000

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

REFERENCE : 266867

4300123

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 150.00

ORDER DATE : October 10, 2007

ORDER TIME : 3:22 PM

BK

ORDER NO. : 266867-005

CUSTOMER NO: 4300123

DOMESTIC FILINGS

NAME: GIDDYAP, LLC

BK

FILED  
07 OCT 10 AM 9:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS \_\_\_\_\_