


# L05000034030

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L05000034030</u>			
1. Limited Liability Company's Name <u>GIDDYAP, LLC</u> <i>By OK</i>			
2. Principal Office Address - No P.O. Box # <u>c/o Fisher Brothers</u> <u>Suite, Apt. #, etc.</u> <u>299 Park Ave.</u> <u>City &amp; State</u> <u>New York, NY</u> <u>Zip</u> <u>10171</u> <u>Country</u> <u>USA</u>		3. Mailing Office Address <u>PaulHastings- M. Edelman</u> <u>Suite, Apt. #, etc.</u> <u>75 East 55th St.</u> <u>City &amp; State</u> <u>New York, NY</u> <u>Zip</u> <u>10022</u> <u>Country</u> <u>USA</u>	
8. Name and Address of Current Registered Agent <u>Corporation Service Company</u> <u>Street Address (P.O. Box Number is Not Acceptable)</u> <u>1201 Hays Street</u> <u>Suite, Apt. #, Etc.</u> <u>City</u> <u>Tallahassee</u> <u>State</u> <u>FL</u> <u>Zip Code</u> <u>32301</u>		4. State/Country of Formation <u>Florida</u> 5. Date Organized or Qualified To Do Business in Florida <u>4/7/2008</u> 6. FEI Number <u>20-2639683</u> 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input type="checkbox"/> 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 <u>Troy Todd</u> <u>as its agent</u> Date <u>6-5-09</u> 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
MM	Estate of Richard L. Fisher	c/o Paul Hastings Attn: Martin L. Edelman 75 East 55th Street	New York, NY 10022
REINSTATEMENT		<u>2008-2009</u>	<u>200156842832</u>
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 <u>Estate of Richard L. Fisher by Martin L. Edelman, Executor</u> Date <u>6/5/2009</u> Daytime Phone # <u>212-318-6000</u> Typed or printed name of signing Managing Member/Manager <u>Estate of Richard L. Fisher</u>			

CR2E041 (12/07)

FILED  
JUN -5 PM 3:35  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE



CORPORATION SERVICE COMPANY

LU5000034030

ACCOUNT NO. : I20000000195  
REFERENCE : 027944 4300123  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 382.50

RECEIVED  
09 JUN -5 PM 1:38  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ORDER DATE : June 5, 2009  
ORDER TIME : 12:50 PM  
ORDER NO. : 027944-005  
CUSTOMER NO: 4300123

FILED  
09 JUN -5 PM 3:35  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: GIDDYAP, LLC

\*\*This entity has a  
closing and would like  
back today if at all  
possible\*\*

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS

*[Signature]*