


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 MAY 30 PM 12:30

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000042998

1. Limited Liability Company's Name
Woolbright Equities LLC

100314073061

2. Principal Office Address - No P.O. Box # 55 Fifth Avenue Suite, Apt. #, etc 15th floor City & State New York, New York Zip 10003-4398		3. Mailing Office Address c/o Time Equities, Inc. 55 Fifth Avenue Suite, Apt. #, etc 15th floor City & State New York, New York Zip 10003-4398	
Country USA	Country USA	Country USA	Country USA

CR2E041 (1/14)

4. State/Country of Formation Florida
5. Date Organized or Qualified To Do Business in Florida May 2, 2005
6. FEI Number 20-3056879
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) Suite, 1201 Hays Street			
Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Roxanne Turner Asst. Vice President Date 5/30/18
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Francis Greenburger	55 Fifth Avenue, 15th Floor	New York, New York 10003
MGR	Robert Kantor	55 Fifth Avenue, 15th Floor	New York, New York 10003
REINSTATEMENT 2010-2018			

11. E-mail Address jhaslach@timeequities.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Daniel A. Schwartzman Date May 29, 2018 Daytime Phone # 212 206 6101
Typed or printed name of signing authorized representative/member Daniel A. Schwartzman

MAY 30 2018

MA WILLIAMS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 234225 4319480

AUTHORIZATION :

COST LIMIT : \$ 1348.75

ORDER DATE : May 29, 2018

ORDER TIME : 8:43 AM

ORDER NO. : 234225-005

CUSTOMER NO: 4319480

2018 MAY 30 AM 10:50
TALLAHASSEE, FL 32301
CORPORATION SERVICE COMPANY

DOMESTIC FILINGS

NAME: WOOLBRIGHT EQUITIES LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - Ext#

EXAMINER'S INITIALS _____