PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 DEC 17 PM 2:25

DOCUMENT # L05000047302

1. Limited Liability Company's Name

WITE-OUT LLC

W07-59516

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
639 US HIGHWAY 1 ?	ALLIED MANAGEMENT
Suite, Apt. #, etc.	Suite, Apt. #, etc. 232 W. 48TH. ST.
City & State NORTH PALM BEACH, FLORIDA	City & State NY, NY
Zip 33408 Country U.S.A	Zip 10036 Country USA

4. State/Country of Formation ?

5. Date Organized or Qualified To Do Business in Florida ?

6. FEI Number 81-0671343 ☐ 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: CRANE, ROBERT L ESQ

Street Address (P.O. Box Number is Not Acceptable): 515 N. FLAGLER DRIVE

Suite, Apt. #, Etc.: #1800

City: WEST PALM BEACH State: FL Zip Code: 33401

☐ 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 _____ Date 12/17/2007

ROBERT L. CRANE 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
PRES	PETER D. FITZPATRICK	232 W. 48TH. ST.	NYC 10036
V. PRES	DWYER, THOMAS	232 W - 48 St.	NYC 10036

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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 _____ Date 12.16.07 Daytime Phone # 212.956.0104

Typed or printed name of signing Managing Member/Manager _____