

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

09 OCT 14 AM 8:18

DOCUMENT # L06000022129

1. Limited Liability Company's Name

Consilium SPV, LLC

900161501479

10/08/09--01035--010 \*\*416.25

CR2E041 (10/08)

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

350 East Las Olas Blvd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 1250

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Zip

33301

Country

USA

Zip

Country

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida 02/27/2006

6. FEI Number

20-4427752

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 P. Gainey, J.D.

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

350 East Las Olas Blvd.

Suite, Apt. #, Etc.

Suite 1250

City

Fort Lauderdale

State

FL

Zip Code

33301

☐ 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 10/07/09

**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	Charles T. Cassel, III	350 East Las Olas Blvd., Suite 1250	Fort Lauderdale, FL 33301
MGRM	Jonathan Binder	350 East Las Olas Blvd., Suite 1250	Fort Lauderdale, FL 33301

REINSTATEMENT 2007-2009

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 10/07/09

Daytime Phone # (954) 315-9380

Typed or printed name of signing Managing Member/Manager

CHARLES T. CASSEL, III



October 7, 2009

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Consilium SPV, LLC

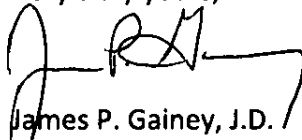
Dear Sir/Madam:

Please find enclosed Consilium SPV, LLC's completed company reinstatement form, together with a check in the amount of \$416.25 covering the reinstatement fee.

Kindly note that the registered agent information for the company has also been revised.

Should you have any questions or need any other information, please do not hesitate to contact me.

Very truly yours,



James P. Gainey, J.D.  
Chief Operating Officer