PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 14 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (11/09)

DOCUMENT # L06000043974

1. Limited Liability Company's Name
Nolan Holdings LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
500 W. 83rd St	22 W 38th St
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6th Floor
City & State: Hialeah, FL	City & State: New York, NY
Zip: 33014 Country: USA	Zip: 10018 Country: USA

4. State/Country of Formation: Florida, USA
5. Date Organized or Qualified To Do Business in Florida: 4/6/06
6. FEI Number: Applied For ☐ Not Applicable ☐
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: Kevin Joss
Street Address (P.O. Box Number is Not Acceptable): 6441 Collins Ave.
Suite, Apt. #, etc.: Apt 301
City: Miami Beach State: FL Zip Code: 33141

☑ 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 605, F.S.
Signature of Registered Agent: Kevin M Joss Date: 12/10/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/ Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Michael P. Nolan	56 Cowdin Circle	Chappaqua, NY 10514

REINSTATEMENT 07-09

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11. E-mail Address _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute the 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 requirements of section 605.0108, 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: Michael P. Nolan Date: 12/10/09 Daytime Phone # 212-564-3266

Typed or printed name of signing Managing Member/Manager: Michael P. Nolan 305-362-0301