PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **LIMITED LIABILITY** FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State 2000 OCT 30 PH 2: 26 REINSTATEMENT DIVISION OF CORPORATIONS cconclah, or siniE TALLAHASSEE, FLORIDA DOCUMENT # 1. Limited Liability Company's Name 100137486281 10/30/08--01036--010 **\$21.25 MARINE ONE, LLC CR2E041 (10/08) 2. Principal Office Address - No P.Q. Box # 3. Mailing Office Address 1 Financial Plaza 1 Financial Plaza 4. State/Country of Formation Florida, USA Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified Suite 1514 Suite 1514 To Do Business in Florida 11/30/2006 City & State City & State 6. FEI Number Applied For Fort Lauderdale, FL Fort Lauderdale, FL 20-8046408 Not Applicable Zio Country Zip Country 7. CERTIFICATE OF STATUS DESIRED 🗸 \$5.00 Additional Fee required for a Certificate of Status 33394 Broward 33394 Broward 8. Name and Address of Current Registered Agent Name A \$100 reinstatement fee is imposed, except Mayersohn & Starr in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 1 Financial Plaza box, you are certifying the prior notices were Suite, Apt. #. Etc. not received and requesting the \$100 Suite 1514 reinstatement be waived. City State Zip Code Fort Lauderdale 33394 9. I, being appointed the registered agent of the above named limited liability formpany, are familiar with and accept the obligations of Chapter 608, F.S. Signature of Signature of Date October 28, 2008 Registered Agent REGISTERED AGENT MUST SIGN Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers Titles City / State / Zip LSMB VENTURE GROUP, LLC New York, NY 10017 **MGRM** C/O Wilson Elser LLP, 150 E 42nd Street REINSTATEMENT-07-08

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/I

Managing Member/Manager _

Typed or printed name of signing Managing Member/Manager

sing Member Manager MARC-UDO

BROICH

MANAGING DIRECTOR/OF LSMS Date 10/23/08 Daytime Phone # 954 448 6789

FT. LAUDERDALE

100 Southeast Third Avenue Suite 1514 Fort Lauderdale, Florida 33394 (954)765-1900 (954)779-7598 (facsimile) e-mail: gstarr@gregorystarr.com Law Offices of

Mayersohn & Starr

A Partnership of Professional Associations

Please respond to: Ft. Lauderdale

BOCA RATON

433 Plaza Real Suite 275 Boca Raton, Florida 33432 (877) 779-7827

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80 S.W. 8th Street Suite 2000 Miami, Florida 33130 (305)933-0470

29 October 2008

Florida Department of State Division of Corporations Registration Section/Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE:

Broich, Marc-Udo -Marine One, LLC

Our File No.: 2110

Dear Sir or Madam:

Enclosed please find the following:

Limited Liability Company Reinstatement-Marine One, LLC

Feel free to contact me should you have any questions regarding the enclosure.

Yours Truly.

Legal Assistant

Enclosure