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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT
MALER CONSULTANCY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$238.75~~

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TALLAHASSEE, FLORIDA

J. BRYAN
FEB -10 2011
EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L07000094747

1. Limited Liability Company's Name

MALER CONSULTANCY, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
42 West 39th Street	42 West 39th Street
Suite, Apt #, etc.: 6th Floor	Suite, Apt #, etc.: 6th Floor
City & State: New York, NY	City & State: New York, NY
Zip: 10018 Country: USA	Zip: 10018 Country: USA

4. State/Country of Formation: Hillsborough | Fl

5. Date Organized or Qualified To Do Business in Florida: 9/2007

6. FEI Number: 26-1711484 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

E-mail Address:

Cathyann.Waithe@MalerGroup.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, [...] obligations of Chapter 608, F.S.

Connie Bryan

Signature of Registered Agent: Connie Bryan Assistant Secretary Date 02/09/2011

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
CEO	Stanley Vashovsky	763 Raleigh Street	Woodmere, NY 11598

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. 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 Managing Member/Manager: [signature] Date 2/9/11 Daytime Phone #: 212-798-9413

Typed or printed name of signing Managing Member/Manager: Stanley Vashovsky 212-798-4000