PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

11 APR -6 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/06/11--01026--015 **516.25

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # L08000114270

1. Limited Liability Company's Name

HNMJ LLC

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

1450 Broadway

Suite, Apt. #, etc.

6TH FLOOR

City & State

NYC NYS

Country

USA

Zip

10018

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Country

Zip

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

12/16/2008

6. FEI Number

26-3879494

☐ 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

Corporation Services Corp

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

1201 Hays Street

City

Tallahassee

State

FL

Zip Code

32301

I hereby appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Registered Agent

REGISTERED AGENT MUST SIGN

Date 4/4/11

9. Name and Street Addresses of Managing Members/Managers

Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager James L. Nederlander	1450 Broadway, 6th Fl	NYC, NY 10018

REINSTATEMENT 2009-11 Year

10. Mailing Address

(To be used for future annual report notifications)

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 the reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.405, F.S., and that all taxes 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 made under oath.

Member/Manager 4/4/11 Date 4/4/11 Daytime Phone # 2124868615

Printed name of signing Managing Member/Manager James L. Nederlander