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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L11000089906

1. Limited Liability Company's Name
CLM VENTURES II, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
ONE UNIVERSITY PLACE	WARSHAW BURSTEIN, LLP
Suite, Apt. #, etc.	Suite, Apt. #, etc. 555 FIFTH AVENUE, 11TH FL
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip 10003 Country USA	Zip 10017 Country USA

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 5/20/2011

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 9200 South Dadeland Blvd

Suite, Apt. #, Etc: 508

City: Miami State: FL Zip Code: 33156

E-mail Address:

bkrasner@wbcsk.com

(To be used for future annual report notices)

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 _____ Date 1/4/2013

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
Managing Member	Jonathan Krasner	One University Place	New York, NY 1003
	Jonathan Krasner		
		12-13	JAN 7 2013
	REINSTATEMENT		T. SCOTT

11. I certify that I am managing partner/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 608.508, 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 _____ Date 1/4/2013 Daytime Phone # 212-984-7829

Typed or printed name of signing Managing Member/Manager Jonnathan Krasner, Managing Member

Florida Department of State
Division of Corporations
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1/4/13

LIMITED LIABILITY REINSTATEMENT
CLM VENTURES II, LLC

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1/4/13