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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L95000000589

Commodore Financial Services, L.C.
c/o Stern & Miller
25 Ford Road - Second Floor
Westport, CT 06880

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 1.

1a. Principal Place of Business Address

REINSTATEMENT

2. Mailing Address	2a. Principal Place of Business
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified	3a. State of Formation
7/25/95	Florida

4. FEI Number: 58-2258470

5. Date of Last Report

6. Certificate of [redacted]

7. Name and Address of Current Registered Agent

The Prentice Hall Corporation System, Inc.
1201 Hays Street
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City: FL Zip Code

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: Deborah D. Skipper Date: 11-22-96

Deborah D. Skipper, Asst. Secy

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
Mgr	Mark Stern	25 Ford Road, 2nd Floor	Westport, CT 06880

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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 608.409, 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: [signature] Date: 11/18/96 Daytime Phone #: [redacted]

Typed or printed name of signing Managing Member/Manager