

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L98000001490

1. Entity Name
FOT, L.C.



Principal Place of Business
ONE SOUTHEAST THIRD AVE.
SUNTRUST INT'L CENTER, 28TH FL
MIAMI, FL 33131-1714

Mailing Address
ATTN: RON SOLOTRUK
2 MANHATTANVILLE RD
PURCHASE, NY 10577

2007 MAY 30 P 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04302007 REIN-LLC CR2E101 (1/07)

4. FEI Number
65-0858849

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, DANA A
ONE SOUTHEAST THIRD AVENUE
SUNTRUST INT'L CENTER, 28TH FL
MIAMI, FL 33131-1714

7. Name and Address of New Registered Agent

Name
Street Address (P O Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

5/7/07

FILE NOW!!! FEE IS \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME NEIBART, LEE ☐ Delete
STREET ADDRESS 60 COLUMBUS CIRCLE, 20TH FL
CITY-ST-ZIP NEW YORK, NY 10023

TITLE MGR
NAME JACOBSSON, JOHN ☐ Delete
STREET ADDRESS 60 COLUMBUS CIRCLE, 20TH FL
CITY-ST-ZIP NEW YORK, NY 10023

TITLE MGR
NAME KARNANI, NITIN ☐ Delete
STREET ADDRESS 60 COLUMBUS CIRCLE, 20TH FL
CITY-ST-ZIP NEW YORK, NY 10023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 600103918806
CITY-ST-ZIP 06/05/07--01046--022 **200.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/7/07

212-515-3400

Date

Telephone #

REINSTATEMENT

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06/07