PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1082

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 DEC 14 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000001713

1. Limited Liability Company's Name
RIDGEMOUR HOLDINGS, LLC
A/K/A
RIDGEMOUR MANAGEMENT, LLC

2. Principal Office Address	3. Mailing Office Address
ONE NORTH BROADWAY	ONE NORTH BROADWAY
Suite, Apt. #, etc.: 401	Suite, Apt. #, etc.: 401
City & State: WHITE PLAINS NEW YORK	City & State: WHITE PLAINS NEW YORK
Zip: 10601 Country: USA	Zip: 10601 Country: USA

4. State/Country of Formation: BROWARD

5. Date Organized or Qualified To Do Business in Florida: 1998

6. FEI Number: EIN 52 2126694 ☐ 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

Name: GSS ADVISORY SERVICES, INC

Street Address (P.O. Box Number is Not Acceptable): 2455 SUNRISE BLVD. / EAST

Suite, Apt. #, Etc.: SUITE 500

City: FORT LAUDERDALE State: FL Zip Code: 33304

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: Howard Snyder Date: 11/30/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	ANTHONY ROTONDE	2455 E. SUNRISE BLVD.	FORT LAUDERDALE, FL. 33304
MGR	HEIDI BROWN	2455 E. SUNRISE BLVD.	FORT LAUDERDALE, FLA. 33304
	REINSTATEMENT	02-04	
		900043407189 12/14/04--01050--006 **150.00	

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.

Signature of Managing Member/Manager: [signature] Date: 11/30/04 Daytime Phone # 914-949-8585

Typed or printed name of signing Managing Member/Manager: ANTHONY ROTONDE

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RIDGEMOUR HOLDINGS

December 1, 2004

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

RE: EIN 52-2126694

Dear Michelle:

As I mentioned to you today, the previous correspondence from your office was sent to a previous address that the Company maintained. We informed your office with the new address on January 21, 2003. Please make note of the address listed below for your records. I am also enclosing a check in the amount of $150 as we discussed and the renewal application.

Ridgemour Holdings a/k/a Ridgemour Management
One North Broadway
Suite 401
White Plains, New York 10601
Telephone (914) 949-8585
Fascmille (914) 949-9696

Thank you for reprocessing this application and for you assistance.

Yours truly,

AJ Rotonde