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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL -5 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000-2002

DOCUMENT # L99000009241

1. Limited Liability Company's Name
INSTITUTIONAL LEASING, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1428 BRICKELL AV.	1428 BRICKELL AV.
Suite, Apt. #, etc. 8TH FLOOR	Suite, Apt. #, etc. 8TH FLOOR
City & State MIAMI, FLA	City & State MIAMI, FLA
Zip 33131 Country	Zip 33131 Country

4. State/Country of Formation FLORIDA

5. Date Organized or Qualified To Do Business in Florida 12.22.99.

6. FEI Number 11-3522411 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 JOSHUA D. MANASTER, ESQUIRE

Street Address (P.O. Box Number Is Not Acceptable) 1428 BRICKEL AV. 8TH. FLOOR

Suite, Apt. #, Etc. 8 floor

City MIAMI State FL Zip Code 33131

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****250.00 ****250.00

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 7-2-02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGRM	LEON SCHARF	800 WEST END AV.	NEW YORK N.Y. 10025

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 609, 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 _____ Date 6.18.02 Daytime Phone # 212 463 5446

Typed or printed name of signing Managing Member/Manager LEON SCHARF