M00000001396

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

CONTRARIAN FLORIDA LINKS LLC

Certificate of Status	1
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M00000001396

1. Limited Liability Company's Name
Contrarian Florida Links LLC

2. Principal Office Address	3. Mailing Office Address
411 West Putnam Avenue	411 West Putnam Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Greenwich, CT	City & State: Greenwich, CT
Zip: 06830 Country:	Zip: 06830 Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: July 17, 2000

6. FEI Number: 06-1588297 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X] $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Doreen F. Wallace Doreen F. Wallace as its agent Date: 3/23/07
REGISTERED AGENT MUST SIGN

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	Contrarian Financial Service Company, LLC	411 West Putnam Avenue	Greenwich, CT 06830

REINSTATEMENT
02, 03, 04, 05, 06, 07

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. Contrarian Financial Service Company, LLC

Signature of Managing Member/Manager: By: Date: 3/23/07 Daytime Phone # 203-863-8200

Contrarian Financial Service Company, LLC
Typed or printed name of signing Managing Member/Manager: By: Gil Tenzer, Its: Authorized Signatory

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