

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

02 OCT 14 PM 1:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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10/16/02--01087--005 \*\*200.00

DOCUMENT # **M000000002467**

**1. Limited Liability Company's Name**

**HWY LLC**  
**85 Broad Street**  
**New York NY 10004**

**2. Principal Office Address**

**85 Broad Street**

Suite, Apt. #, etc.

City & State

**New York**

Zip

**10004**

Country

**USA**

**3. Mailing Office Address**

**85 Broad Street**

Suite, Apt. #, etc.

City & State

**New York**

Zip

**10004**

Country

**USA**

**4. State/Country of Formation**

**DELAWARE**

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

**6. FEI Number**

**13-3748411**

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED ☐**

**\$300 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

Name

**CT Corporation System**

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

**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State  
**FL**

Zip Code

**33324**

**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

**Patrick A. Nolan**

**Patrick A. Nolan**  
Assistant-Secretary

REGISTERED AGENT MUST SIGN

Date **10/11/02**

**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
<b>MGRM</b>	<b>MTGLQ Investors L.P.</b>	<b>85 Broad Street</b>	<b>New York NY 10004</b>
<b>MGRM</b>	<b>MLQ, L.L.C.</b>	<b>85 Broad Street</b>	<b>New York NY 10004</b>

**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

**James B. McHugh**

Date **8-14-02**

Daytime Phone # **212 902-7559**

Typed or printed name of signing Managing Member/Manager

**James B. McHugh, Asst. Sec of MLQ, L.L.C.**

CR2E041 (9/01)