

M01000000616

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 PM 12:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600009414706
12/09/02--01033--002 **155.00

DOCUMENT # M01000000616

1. Limited Liability Company's Name

FULCRUM GLOBAL PARTNERS LLC

2. Principal Office Address

535 MADISON AVENUE

Suite, Apt. #, etc.

City & State

NEW YORK NY

Zip

10022

Country

USA

3. Mailing Office Address

535 MADISON AVENUE

Suite, Apt. #, etc.

ATTN: HARRY NEEDLEMAN

City & State

NEW YORK NY

Zip

10022

Country

USA

4. State/Country of Formation

DELAWARE USA

5. Date Organized or Qualified

To Do Business in Florida MARCH 21, 2001

6. FEI Number

22-3818586

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

NATIONAL CORPORATE RESEARCH, LTD.

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

103 N. MERIDIAN 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

Celeste A. Davis

REGISTERED AGENT MUST SIGN

Date 12/5/2002

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
MGRM	MICHAEL C. PETRYCKI	535 MADISON AVENUE	NEW YORK NY 10022

REINSTATEMENT 2002

12/10/02

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

Michael C. Petrycki

Date 12-4-02 Daytime Phone# (212) 803-9090

Typed or printed name of signing Managing Member/Manager MICHAEL C. PETRYCKI

CR2E041 (9/01)