


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08/20/07 9:00
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 DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name Harsog, Heine, Geduld, LLC			
2. Principal Office Address - No P.O. Box # 4 World Trade Center Suite, Apt. #, etc. c/o Merrill Lynch & Co., Inc. City & State New York, NY Zip 10080 Country USA		3. Mailing Office Address 4 World Trade Center Suite, Apt. #, etc. c/o Merrill Lynch & Co., Inc. City & State New York, NY Zip 10080 Country USA	
4. State/Country of Formation DE		5. Date Organized or Qualified To Do Business in Florida 8/31/01	
6. FEI Number 13-1955436		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.			
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 hereby with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>[Signature]</u> Date <u>8/20/2007</u> REGISTERED AGENT MUST SIGN			
10. Name and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Merrill Lynch & Co., Inc.	4 World Trade Center	New York, NY 10080
11. I certify that I am managing member/manager of 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 608.408, 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 <u>[Signature]</u>		Date <u>8-14-07</u> Daytime Phone# _____	
Typed or printed name of signing Managing Member/Manager Michael J. Lynch,		Merrill Lynch & Co., Inc., its sole member	

REINSTATEMENT 03-07
 [Signature]

Florida Department of State
Division of Corporations
Public Access System

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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

RE-SUBMIT

Please retain original filing date of submission 8/2/07

LIMITED LIABILITY REINSTATEMENT

HERZOG, HEINE, GEDULD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	\$350.00

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August 21, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

HERZOG, HEINE, GEDULD, LLC
525 WASHINGTON BLVD. - 17TH FLOOR
JERSEY CITY, NJ 07310

SUBJECT: HERZOG, HEINE, GEDULD, LLC
REF: M01000002014

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

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