

**M01000002014**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

**L. SELLERS**

MAY 26 2009

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

**EXAMINER**

**LIMITED LIABILITY REINSTATEMENT**

**HERZOG, HEINE, GEDULD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$377.50

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**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # MD1000002014

1. Limited Liability Company's Name

Herzog, Heine, Geduld, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 4 World Trade Center		3. Mailing Office Address 4 World Trade Center		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. c/o Merrill Lynch & Co., Inc.		Suite, Apt. #, etc. c/o Merrill Lynch & Co., Inc.		5. Date Organized or Qualified To Do Business in Florida 8/31/2001	
City & State New York, NY		City & State New York, NY		6. FEI Number 13-1955436	
Zip 10080	Country USA	Zip 10080	Country USA	Applied For <input type="checkbox"/> Not Applicable	

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

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.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent: Kimberly Breunling Date: 05/22/2009

REGISTERED AGENT MUST BE Assistant Secretary

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	Merrill Lynch & Co., Inc.	4 World Trade Center	New York, NY 10080
	<b>L. SELLERS</b>		
	<b>MAY 26 2009</b>		
	<b>EXAMINER</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 606, 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 606.208, 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 J. Lynch Date: 5-22, 2009 Daytime Phone: 212-447-6059

Typed or printed name of signing Managing Member/Manager: MICHAEL J. LYNCH

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