

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF STATE
CORPORATIONS

04 MAR 10 PM 3:28

1. DOCUMENT # M01000002682

Name and Mailing Address

0015341 01 MB 0.309 **AUTO T7 0 0615 07302-391539



PAMI LLC
101 HUDSON ST.
39TH FLOOR
JERSEY CITY NJ 07302-3915



US

2. New Mailing Address

70 HUDSON ST 10TH FL

City, State, Zip

JERSEY CITY, NJ 07302

Principal Place of Business

745 7TH AVENUE
NEW YORK NY 10019
US

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

11/30/2001

6. FEI Number

52-2231923

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

SIGNATURE *Marguerite M*

Date

3/2/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BROGAN, MARGUERITE M	745 7TH AVENUE	NEW YORK NY 10019
MGR	CHO, YON K	745 7TH AVENUE	NEW YORK NY 10019
MGR	FLANNERY, JOSEPH J	745 7TH AVENUE	NEW YORK NY 10019
MGR	MCKENNA, CHRISTOPHER S	745 7TH AVENUE	NEW YORK NY 10019

REINSTATEMENT

0304

500024780055
11/17/03--01089--013 **150.00

12. 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 608.400, 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

SIGNATURE REQUIRED

Date

Daytime Phone #

(201) 499-60604

Typed or printed name of signing Managing Member/Manager

AARON D. GUTH AUTHORIZED SIGNATOR

CR2E084 (7/03)