

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 AM 8:55

12/29

1. DOCUMENT # M02000000163
Name and Mailing Address

0014795 01 AB 0,301 **AUTO H5 0 0615 10011-690310
ICON SPK 2023-A LLC
100 FIFTH AVE., 10TH FLOOR
NEW YORK NY 10011-6903



REINSTATEMENT 2003

CR2E084 (7/03)

| | | | |
|--|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation DE | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 01/18/2002 | |
| Principal Place of Business 100 FIFTH AVE., 10TH FLOOR NEW YORK NY 10011 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 30-0014835 | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301 | | 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 REQUIRED** _____ Date _____
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 | ICON CAPITAL CORP. | 100 FIFTH AVE., 10TH FLOOR | NEW YORK NY 10011 |
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REINSTATEMENT 2003

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 608.406, 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 _____ **SIGNATURE REQUIRED** _____ Date 10-27-03 Daytime Phone # 212-418-4700
Typed or printed name of signing Managing Member/Manager Michael Reiser, Asst. Secretary, ICON Capital Corp.