M02000000668

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 27 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000000668

1. Limited Liability Company's Name

LB Meridian LLC

2. Principal Office Address	3. Mailing Office Address
745 7th Avenue	70 Hudson Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	10th Floor
City & State	City & State
New York, NY	Jersey City, NJ
Zip / Country	Zip / Country
10019 / US	07302 / US

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 03/15/2002

6. FEI Number: ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays 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: Deborah D Skipper — Deborah D. Skipper Asst. V. Pres. — Date: 10/27/03

REGISTERED AGENT MUST SIGN

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	PAMI LLC	745 7th Avenue	New York, NY 10019
			100024181421

REINSTATEMENT 2003

BK

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: Aaron Guth — Date: 10/21/03 — Daytime Phone #: (201)499-6664

Typed or printed name of signing Managing Member/Manager: Aaron J. Guth

CORPORATION SERVICE COMPANY™

M02000000668

ACCOUNT NO. : 072100000032

REFERENCE : 295975 5032643

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : October 27, 2003

ORDER TIME : 2:11 PM

ORDER NO. : 295975-005

CUSTOMER NO: 5032643

CUSTOMER: Ms. Vanessa Pazmino
Lehman Brothers, Inc.
70 Hudson Street
10th Floor
Jersey City, NJ 07302

FILED
03 OCT 27 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

RECEIVED
03 OCT 27 PM 2:48
DIVISION OF CORPORATION

NAME: LB MERIDIAN LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EX 1156

EXAMINER'S INITIALS _____