

PLEASE READ ALL INSTRUCTIONS BEFORE FILING THIS FORM.

MO20000001074

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Prosperity at Home, L.L.C.

MO20000001074
9/24/03

300023671723
10/09/03--01070--007 **180.00

2. Principal Office Address
5102 W. Laurel Street

Suite, Apt. #, etc.
Suite 700

City & State
Tampa, Florida

Zip Country
33607 USA

3. Mailing Office Address

c/o Arent Fox, 1050 Connecticut Av NW

Suite, Apt. #, etc.
ATTN: Tara Veneracion

City & State
Washington DC

Zip Country
20036 USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified
To Do Business in Florida April 26, 2002

6. FEI Number Applied For
65-2424497 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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State Zip Code
FL 33324

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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

Date

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
Manager	Stuart M. Rothenberg	85 Broad Street	New York, NY 10004

REINSTATEMENT 2003

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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

Date Oct. 2, 2003

Daytime Phone #

Typed or printed name of signing Managing Member/Manager Stuart M. Rothenberg