

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

*[Handwritten initials]*

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M02000001773

1. Limited Liability Company's Name  
**HILL AND KNOWLTON/SAMCOR, LLC**

2. Principal Office Address <b>2100 Ponce De Leon</b> Suite, Apt. #, etc. <b>Suite 1201</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b>		3. Mailing Office Address <b>2100 Ponce De Leon</b> Suite, Apt. #, etc. <b>Suite 1201</b> City & State <b>Coral Gables, FL</b> Zip <b>33134</b>	
Country <b>USA</b>		Country <b>USA</b>	

4. State/Country of Formation  
**DE, USA**

5. Date Organized or Qualified To Do Business in Florida  
**October 1996**

6. FEI Number  
**200-000145**

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
**United Corporate Services- Michael Barr**

Street Address (P.O. Box Number is Not Acceptable)  
**9200 South Dadeland Blvd.**

Suite, Apt. #, Etc.  
**Suite 508**

City  
**Miami**

State  
**FL**

Zip Code  
**33156**

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 *[Signature]* Date 6/17/2007

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	Cori Rice	2100 Ponce De Leon	Coral Gables, FL 33134
MGR	George Slavescu	2100 Ponce De Leon	Coral Gables, FL 33134
MGRM	Juan Cappello	466 Lexington Ave. 3rd FLR	New York, NY 10017
MGRM	Marcelo Quiroga	466 Lexington Ave. FLR	New York, NY 10017

**REINSTATEMENT** 2003  
2004

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 *[Signature]* Date 6-16-07 Daytime Phone# 212-885-0451

Typed or printed name of signing Managing Member/Manager Marcelo Quiroga - Regional CFO

CR2E041 (10/02)