

PLEASE READ INSTRUCTIONS FOR COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 5:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M0200003019

1. Limited Liability Company's Name

T-REX BOCA INVESTOR LLC

2. Principal Office Address

747 THIRD AVENUE

3. Mailing Office Address

747 THIRD AVENUE

Suite, Apt. #, etc.

24TH FLOOR

Suite, Apt. #, etc.

24TH FLOOR

City & State

NEW YORK, NY

City & State

NEW YORK, NY

Zip

10017

Country

NEW YORK

Zip

10017

Country

NEW YORK

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified

To Do Business in Florida

11/15/2002

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

UNITED CORPORATE SERVICES, INC.

300035824778

05/10/04--01089--030 **205 00

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

9200 SO. 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

REGISTERED AGENT MUST SIGN

Date

4/29/04

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
MGR	T-REX BOCA LLC	747 THIRD AVE., 24TH FL.	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

Date 4/28/04

Daytime Phone #

Typed or printed name of signing Managing Member/Manager THOMAS M. MULROY

CR2041 (10/02)