M02000003374

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M02000003374

1. Limited Liability Company's Name
Enhanced Captial Partners, LLC

2. Principal Office Address	3. Mailing Office Address
201 St. Charles Avenue	201 St. Charles Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 3700	Suite 3700
City & State	City & State
New Orleans, Louisiana	New Orleans, Louisiana
Zip / Country	Zip / Country
70170 / USA	70170 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 12/17/02

6. FEI Number
72-1460922
☐ 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
C T Corporation System

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

Suite, Apt. #, Etc.

City / State / Zip Code
Plantation / FL / 33324

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 Jennifer K Miller REGISTERED AGENT MUST SIGN
Jennifer K. Miller
~~Assistant Secretary~~
Date 10-30-03

CR3E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael A. G. Korengold	201 St. Charles Avenue, Suite 3700	New Orleans, Louisiana 70170
		REINSTATEMENT 03	

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 608.459, 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] Mgr. Date 10/29/03 Daytime Phone # (504) 569-7900

Typed or printed name of signing Managing Member/Manager Michael A. G. Korengold

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

ENHANCED CAPITAL PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$150.00

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