


M03 000001000

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03 000001000			
1. Limited Liability Company's Name EMPIRIAN BAY LLC			
2. Principal Office Address 25 Philips Parkway Suite, Apt. #, etc. City & State Montvale, NJ Zip 07645 Country USA		3. Mailing Office Address 25 Philips Parkway Suite, Apt. #, etc. City & State Montvale, NJ Zip 07645 Country USA	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 3/28/2003	
6. FEI Number 450504327		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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 Plantation		State FL	Zip Code 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 <i>Connie Bryan</i>		Date March 3, 2006	
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	Empirian Bay Managing Member Corp.	25 Philips Parkway	Montvale, New Jersey 07645
REINSTATEMENT 2005-2006			
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 <i>Erna Beyman</i>		Date 3/1/2006 Daytime Phone# (201) 505-9800 x1629	
Typed or printed name of signing Managing Member/Manager Erna Beyman			