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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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LIMITED LIABILITY REINSTATEMENT

SCHON-EX LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M03000001210

1. Limited Liability Company's Name

SCHON-EX LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
ONE JERICHO PLAZA	
Suite, Apt. #, etc.: 3rd FLOOR	Suite, Apt. #, etc.
City & State: JERICHO	City & State
Zip: NY / Country: USA	Zip: 11753 / Country

4. State/Country of Formation: New York

5. Date Organized or Qualified To Do Business in Florida: 4/17/2003

6. FEI Number: 11-3448408 ☐ 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: CT 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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Anthony LiCausi — Date: 1-29-09

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
MGR.	SCHONFELD GROUP HOLDINGS LLC	ONE JERICHO PLAZA, 3RD FLOOR	JERICHO, NY 11753
		REINSTATEMENT	06-09

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 608.408, 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: 1/26/2009 — Daytime Phone #: (516) 822-0202

Typed or printed name of signing Managing Member/Manager: Steven B. Schonfeld, Managing Member