

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**M03000001585**

**FILED**

07 JAN 17 PM 4:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100084713921

CR2E041 (8/05)

**DOCUMENT #** M03000001585

**1. Limited Liability Company's Name**

LB Town Center LLC

**2. Principal Office Address**

399 Park Ave, 8th Floor

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

USA

**3. Mailing Office Address**

399 Park Ave, 8th Floor

Suite, Apt. #, etc.

City & State

New York, NY

Zip

10022

Country

USA

**4. State/Country of Formation**

Delaware, USA

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

5/19/03

**6. FEI Number**

None

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code

32301-2535

**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

**Troy Todd  
as its agent**

Date 1-17-2007

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	PAMI LLC	745 7th Ave	New York, NY 10019

**REINSTATEMENT 2004-2007**

**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 12/18/06

Daytime Phone # 212-526-1097

Typed or printed name of signing Managing Member/Manager

Christopher McKenna



CORPORATION SERVICE COMPANY

M03000001585

ACCOUNT NO. : 072100000032

REFERENCE : 643414 7453603

AUTHORIZATION :

COST LIMIT : \$ 250.00

FILED  
07 JAN 17 PM 4:46  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

ORDER DATE : December 5, 2006

ORDER TIME : 10:23 AM

ORDER NO. : 643414-010

CUSTOMER NO: 7453603

300.00

PK

REINSTATEMENT

NAME: LB TOWN CENTER LLC

RECEIVED  
07 JAN 17 AM 10:55  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS \_\_\_\_\_