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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M03000001837

1. Limited Liability Company's Name
Intellicoat Technologies, LLC

MJH

4/21

2. Principal Office Address	3. Mailing Office Address
100 Overlook Center	150 E. 52nd Street
Suite, Apt. #, etc. 102	Suite, Apt. #, etc. 11th Floor
City & State Princeton, NJ	City & State New York, NY
Zip 08540 Country USA	Zip 10022 Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 6/05/2003

6. FEI Number: 42-1586541 ☐ 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

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: Carla Lohi Asst. Vice President Date: 4-20-05
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	Alan Heeger	150 E. 52nd St., 11th Flr.	New York, NY 10022
MGR	Jeffrey Siegel	150 E. 52nd St., 11th Flr.	New York, NY 10022
MGR	Garrett Fleuberg	150 E. 52nd St., 11th Flr.	New York, NY 10022
			2004
	REINSTATEMENT		2005

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: [signature] Date: 4/20/05 Daytime Phone # 212-990-1118

Typed or printed name of signing Managing Member/Manager: Jeffrey M. Siegel, mgr.

Florida Department of State
Division of Corporations
Public Access System

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From:
Account Name : CORPORATION SERVICE COMPANY
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Fax Number : (850)558-1575

LIMITED LIABILITY REINSTATEMENT

INTELLICOAT TECHNOLOGIES, L.L.C.

Certificate of Status	0
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Estimated Charge	$200.00