


M03000002412

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 04 NOV -1 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> M03000002412					
<b>1. Limited Liability Company's Name</b> STRIKE MIAMI, LLC					
<b>2. Principal Office Address</b> 215 PARK AVENUE SOUTH Suite, Apt. #, etc. SUITE 1800 City & State NEW YORK, NEW YORK Zip Country 10003 USA		<b>3. Mailing Office Address</b> 215 PARK AVENUE SOUTH Suite, Apt. #, etc. SUITE 1800 City & State NEW YORK, NEW YORK Zip Country 10003 USA		<b>4. State/Country of Formation</b> DELAWARE <b>5. Date Organized or Qualified To Do Business in Florida</b> 7/18/03 <b>6. FEI Number</b> 20-0249999 <b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>					
Name UNITED CORPORATE SERVICES Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. Suite, Apt. #, Etc. SUITE 508 City MIAMI					
State Zip Code FL 33156					
<b>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.</b> Signature of Registered Agent <i>[Signature]</i> Date 10/29/04 REGISTERED AGENT MUST SIGN					
<b>10. Names and Street Addresses of Managing Members/Managers</b>					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip		
Mgr.	STRIKE HOLDINGS LLC	215 PARK AVENUE SOUTH, STE 1800	NEW YORK, NEW YORK 10003		
			000042480010 11/04/04--01054--014 **50.00		
			000042480010 11/04/04--01054--015 **100.00		
<b>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.</b>					
Signature of Managing Member/Manager <i>[Signature]</i> Date 10/27/04 Daytime Phone# 912-570-3786 Thomas F. Shannon, managing member of The Cobalt Group, LLC, the managing member of Typed or printed name of signing Managing Member/Manager Strike Holdings LLC, the managing member of Strike Miami, LLC					

CR2041 (10/02)