

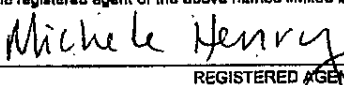
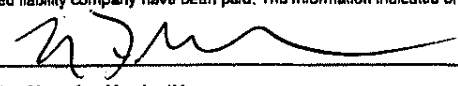
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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02/10/10--01028--012 **516.25
CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M03000002412			
1. Limited Liability Company's Name STRIKE MIAMI, LLC			
2. Principal Office Address - No P.O. Box # 215 PARK AVENUE SOUTH		3. Mailing Office Address 215 PARK AVENUE SOUTH	
Suite, Apt. #, etc. 1800		Suite, Apt. #, etc. 1800	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10003	Country USA	Zip 10003	Country USA
4. State/Country of Formation DELAWARE			
5. Date Organized or Qualified To Do Business in Florida 07/18/03			
6. FEI Number 20-0249999		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 		Michele Henry Assistant VP	
		Date February 4, 2010	
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	STRIKE HOLDINGS, LLC	215 PARK AVENUE SOUTH, STE 1800	NEW YORK, NY 10003
REINSTATEMENT 2008-10			
11. E-mail Address: dgiorgianni@strikeholdings.com			
12. 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 608.405, 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 2/4/10 Daytime Phone # 212-777-2214	
Typed or printed name of signing Managing Member/Manager			