PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 FEB 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600168428116
02/10/10--01028--012 **516.25
CR2E041 (11/09)

DOCUMENT # M03000002412

1. Limited Liability Company's Name
STRIKE MIAMI, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
215 PARK AVENUE SOUTH	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

☐ 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: Michele Henry — 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

JB

REINSTATEMENT 2008-10

11. E-mail Address: dgiorgianni@strikeholdings.com
(To be used for future annual report notifications)

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: [signature] Date: 2/4/10 Daytime Phone #: 212-777-2214

Typed or printed name of signing Managing Member/Manager: