PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 DEC 21 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

500062326775

CR2E041 (8/05)

DOCUMENT # M03000003688/3

1. Limited Liability Company's Name
Wild Hare Acquisition Sub, LLC

2. Principal Office Address		3. Mailing Office Address	
2511 S Dixie Hwy		2511 S. Dixie Hwy	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
West Palm Beach, FL		West Palm Beach, FL	
Zip	Country	Zip	Country
33404	U.S.A.	33404	U.S.A.

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 11/03/03

6. FEI Number: 20-0368679 ☐ 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: 32301-2525

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: Laura R. Dunlap as its agent — Date: 12/21/05
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	Rakowski, Richard	2511 S Dixie Hwy	West Palm Beach, FL 33404
MGR	Higgins, John	2511 S. Dixie Hwy	West Palm Beach, FL 33404
MGR	Sassoon, Elan	2511 S. Dixie Hwy	West Palm Beach, FL 33404
MGR	Lipman, Andrew D	10 Glenville Street	Greenwich, CT 06831
MGR	Mandell, Edward R	405 Lexington Avenue	New York, NY 10174

RECEIVED DEC 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 608.405, 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: 12/20/05 Daytime Phone #: 212-704-6163

Typed or printed name of signing Managing Member/Manager: Edward R. Mandell

CSC.

CORPORATION SERVICE COMPANY

M03000003683

ACCOUNT NO. : 072100000032

REFERENCE : 761385 4301763

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 155.00

FILED
2005 DEC 21 PM 3:15
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : December 15, 2005

ORDER TIME : 11:43 AM

ORDER NO. : 761385-075

CUSTOMER NO: 4301763

REINSTATEMENT

NAME: WILD HARE ACQUISITION SUB, LLC

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05 DEC 21 PM 12:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS _____

J. BRYAN DEC 21 2005