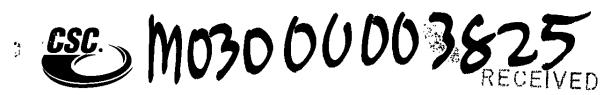
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT DOCUMENT # M03000003825 1. Limited Liability Company's Name PLAZA CONTRACTING COMPANY LLC 2. Principal Office Address - No P.O. Box # 260 Madison Ave Sulte, Apt. #, etc. Sulte, Apt. #, etc.								FILED 09 FEB 13 PM 2: 25 TALLAHASSEE, FLORIDA CR2E041 (12/07) 4. State/Country of Formation Delaware		
City & State				City & State	City & State				5. Date Organized or Qualified To Do Business in Florida 11/14/2003	
New York, NY				New York, NY				6. FEI Number Applied For 200433476 Not Applicable		
Zip 10016	· 1			2ip 10016		Country USA		7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
		8. Nam	e and Address o	f Current Regis	tered Ageni	•				
Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee State Tallahassee State Tallahassee State Tallahassee State Tallahassee								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 libited liability company, am familiar with and a Signature of Registered Agent REGISTERED AGENT MUST SIGN								accept the obligat	Date 02/13/2009	
10. Name	es and Street /	Addresses	of Managing Men	nbers/Managers					1	
Titles	s Name of Managing Members/Manage			Street Address of Each Managing Member/ Mana					City / State / Zip	
MGRM	Arnold	Fishe	er		299 Park Ave.				New York, NY 10171	
MGRM	Kenneth Fisher				299 Park Ave.				New York, NY 10171	
MGRM	Steven Fisher				299 Park Ave.			·	New York, NY 10171	
	REIN	ATE	TEMEN	T <u>20</u>	J7-	-200)9	20	0143580462	
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 filling 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 internation indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.										
Signature of Date 2/13/09 Daytime Phone# 212-849-4721										
Typed or printed name of signing Managing Member/Manager Michael S. Paese, Authorized Representaive										



09 FEB 13 PM 1:45

ACCOUNT NO.

0721000000324EIMENT OF STATE

REFERENCE

892512

COST LIMIT

ORDER DATE: February 13, 2009

ORDER TIME: 11:34 AM

ORDER NO. : 892512-005

CUSTOMER NO:

4300123

* PURKS FILE TUDAY IF
POSSIBLE - THIS KNATTY HAS

POSSIBLE - THIS KNATTY HAS

THANKS

THANKS

REINSTATEMENT

NAME:

PLAZA CONTRACTING COMPANY LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd