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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000001196

1. Limited Liability Company's Name

COGENT ASSET MANAGEMENT, LLC

CR2E041 (1/11)

2. Principal Office Address	3. Mailing Office Address
3801 PGA BLVD.	3801 PGA BLVD.
Suite, Apt. #, etc.: SUITE 600	Suite, Apt. #, etc.: SUITE 600
City & State: PALM BEACH GARDENS, FLORIDA	City & State: PALM BEACH GARDENS, FLORIDA
Zip: 33410 — Country: USA	Zip: 33410 — Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: MARCH 30, 2004

6. FEI Number: 20-0509938 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box NUMBER is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

E-mail Address: gbeigel@cogentedge.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] JUNE 6, 2013

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	GLEN BEIGEL	3801 PGA BLVD., SUITE 600	PALM BEACH GARDENS, FL 33410

REINSTATEMENT

JUN 7 2013

R. HUNT

11. I certify that I am [illegible] or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that [illegible] this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section [illegible], 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: JUNE 6, 2013 Daytime Phone #: 516.821.6105

Typed or printed name of signing Managing Member/Manager:

IMANAGE: 2173403

JUN 7 2013

R. HUNT

Florida Department of State

Division of Corporations

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COGENT ASSET MANAGEMENT, LLC

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