2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M0400003004 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS MORRIS STUART MANAGEMENT, LLC 07 OCT 18 PM 4: 10 Principal Place of Business Mailing Address 350 VETERANS BLVD 350 VETERANS BLVD RUTHERFORD, NJ 07070 RUTHERFORD, NJ 07070 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10042007 REIN-LLC CR2E101 (1/07) City & State City & State 4. FEI Number Applied For 20-1325268 Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept MARK M. BAVA 8. The above named entity submits this the obligations of registered ager EXECUTIVE VICE PRESIDENT SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating ed agent and title if applicable Make check payable to FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$200.00 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Change ■ Addition THIF ☐ Delete MORRIS, JOSEPH D NAME NAME 300110939753 350 VETERANS BLVD STREET ADDRESS STREET ADDRESS 10/18/07--01004--017 **150.00 RUTHERFORD, NJ 07070 CITY-ST-ZIP CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ■ Addition MORRIS, ROBERT NAME NAME STREET ADDRESS 350 VETERANS BLVD STREET ADDRESS CITY-ST-7IP RUTHERFORD, NJ 07070 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ИПE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME REINSTATEMENT 2007 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. MARK M. BAVA JRE: MAHR IN DALESIDENT SIGNATURE AND THEFE OF PRINTED NAME OF SIGNING MANAGING MEMBER CALLANAVER, OR NUTHORIZED REPRESENTATIVE SIGNATURE: Daytime Phone