

M 040 W 003596

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000003596

1. Limited Liability Company's Name

Sandy Lane Lagoon LLC

2. Principal Office Address - No P.O. Box #

11 Madison Avenue

Suite, Apt. #, etc.

City & State

New York, New York

Zip
10010

Country
USA

3. Mailing Office Address

11 Madison Avenue

Suite, Apt. #, etc.

City & State

New York, New York

Zip
10010

Country
USA

4. State/Country of Formation
Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida 09/01/2004

6. FEI Number
424643127

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

☐ 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

Matthew Young
as its agent

Date 2-2-10

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
MEM	Sandy Lane Holdco LLC	11 Madison Avenue	New York, New York 10010

REINSTATEMENT 2009-2010

11. E-mail Address: linda.gardener@credit-suisse.com

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 608.406, 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

Stephen Yankner

Date 1/28/2010

Daytime Phone # 212-538-4247

Typed or printed name of signing Managing Member/Manager

STEPHEN YANKNER



CORPORATION SERVICE COMPANY

M 04000003596

ACCOUNT NO. : I20000000195

REFERENCE : 272496 4312639

AUTHORIZATION

[Signature]

COST LIMIT : \$ 412.50

FILED
DIVISION OF CORPORATIONS
10 FEB -3 PM 2:17

ORDER DATE : February 2, 2010

ORDER TIME : 4:52 PM

ORDER NO. : 272496-025

CUSTOMER NO: 4312639

REINSTATEMENT

NAME: SANDY LANE LAGOON LLC

RECEIVED
10 FEB -3 AM 10:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS

[Signature]