

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M 04000004019

FILED
08 AUG 19 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company Name

Strike Holdings LLC

06

300134617093

CR2E041 (12/07)

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

215 Park Avenue South

Suite, Apt. #, etc.

Suite 1800

City & State

New York, NY

Zip

10003

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

September 27, 2004

6. FEI Number

134154319

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

☐ 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

Joyce L. Markley
Joyce L. Markley
as its agent

Date

8/19/08

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 |
|--------|--------------------------------------|---|--------------------|
| | The Cobalt Group, LLC | 215 Park Avenue South | New York, NY |
| | | Suite 1800 | 10003 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 2006-2008

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 608.406, 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

Thomas F. Shannon

Date

8/18/2008

Daytime Phone # 212-777-2214

Typed or printed name of signing Managing Member/Manager

Thomas F. Shannon



CORPORATION SERVICE COMPANY

M04000004019

ACCOUNT NO. : 072100000032

REFERENCE : 691808 4812821

AUTHORIZATION :

COST LIMIT :

[Signature]
\$516.25

ORDER DATE : August 19, 2008

ORDER TIME : 2:01 PM

ORDER NO. : 691808-005

CUSTOMER NO: 4812821

FILED
08 AUG 19 AM 9:20
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: STRIKE HOLDINGS LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS

[Signature]

RECEIVED
08 AUG 19 PM 4:21
TALLAHASSEE, FLORIDA