


MOY0000004185

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																	
DOCUMENT # 1. Limited Liability Company's Name The Cobalt Group, LLC																			
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 City & State Zip Country																	
4. State/Country of Formation New York		5. Date Organized or Qualified To Do Business in Florida 10-5-04																	
6. FEI Number 13-3929936		Applied For Not Applicable																	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input type="checkbox"/> 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.																			
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																			
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 <u>William M. Edrington</u> Date <u>August 7, 2008</u> REGISTERED AGENT MUST SIGN <u>William M. Edrington, Auth. Rep.</u>																			
10. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Titles</th><th>Name of Managing Members/Managers</th><th>Street Address of Each Managing Member/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGRM</td><td>Thomas F. Shannon</td><td>215 Park Avenue South</td><td>New York, NY 10003</td></tr><tr><td colspan="4" style="text-align: center;">REINSTATEMENT 2006-2008</td></tr><tr><td colspan="4">400134125374</td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Thomas F. Shannon	215 Park Avenue South	New York, NY 10003	REINSTATEMENT 2006-2008				400134125374			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip																
MGRM	Thomas F. Shannon	215 Park Avenue South	New York, NY 10003																
REINSTATEMENT 2006-2008																			
400134125374																			
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 <u>Thomas F. Shannon</u> Date <u>08/06/08</u> Daytime Phone # <u>212-777-2214</u> Typed or printed name of signing Managing Member/Manager <u>Thomas F. Shannon</u>																			

FILED
08 AUG -8 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)



CORPORATION SERVICE COMPANY

MO 4000004185

ACCOUNT NO. : 072100000032

REFERENCE : 679480 4812821

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 551.25

ORDER DATE : August 7, 2008

ORDER TIME : 9:01 AM

ORDER NO. : 679480-005

CUSTOMER NO: 4812821

BK

FILED
08 AUG - 8 PM 1:15
TALLAHASSEE, FLORIDA
DIVISION OF STATE

REINSTATEMENT

NAME: THE COBALT GROUP, LLC

RECEIVED
08 AUG - 8 AM 10:59
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- XX CERTIFIED COPY
- PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____