

MO 4000005300

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 FEB -6 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # MO4000005300

1. Limited Liability Company's Name

RISK SOLUTIONS INTERNATIONAL LLC
06

100117310301

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 5 PENN PLAZA		3. Mailing Office Address 5 PENN PLAZA	
Suite, Apt. #, etc. SUITE 1404		Suite, Apt. #, etc. SUITE 1404	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10001	Country USA	Zip 10001	Country USA

4. State/Country of Formation DELAWARE/USA	
5. Date Organized or Qualified To Do Business in Florida 12/2/04	
6. FEI Number 20-1360505	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 fully qualified and agree to the provisions of Chapter 608, F.S.

Signature of Registered Agent Joyce L. Markley as its agent Date 2/6/08

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
MGR.	DWANE A. LOHN	5 PENN PLAZA	NEW YORK, NY 10001
MGR.	PAUL M. HIGEE	5 PENN PLAZA	NEW YORK, NY 10001
SECY	MICHAEL HIRSCHBERG	575 MADISON AVE.	NEW YORK, NY 10022
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 Michael Hirschberg Date 2/5/08 Daytime Phone # 940-8511

Typed or printed name of signing Managing Member/Manager MICHAEL HIRSCHBERG, Secretary



CORPORATION SERVICE COMPANY

M 04 000005360

ACCOUNT NO. : 072100000032

REFERENCE : 433352 4301969

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : February 6, 2008

ORDER TIME : 1:33 PM

ORDER NO. : 433352-005

CUSTOMER NO: 4301969

REINSTATEMENT

NAME: RISK SOLUTIONS INTERNATIONAL
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 _____

RECEIVED
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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