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L. SELLERS
APR 30 2009
EXAMINER

LIMITED LIABILITY REINSTATEMENT

ERES LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000000007

1. Limited Liability Company's Name

Eres LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
120 Fifth Avenue	120 Fifth Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, New York	City & State: New York, New York
Zip: 10011 Country: U.S.A.	Zip: 10011 Country: U.S.A.

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: December 30, 2004

6. FEI Number: 86-1123792 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Barren Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

☐ 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 hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Chris McNeair Assistant Secretary (REGISTERED AGENT MUST SIGN) Date: 4/28/09

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.	Francisco Saumoy	9 West 57th Street	New York, New York 10019
		REINSTATEMENT 05-09	

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 608.408, 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: [signature] Date: April 28, 2009 Daytime Phone #: (212) 303-5791

Typed or printed name of signing Managing Member/Manager: Francisco Saumoy, Manager