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LIMITED LIABILITY REINSTATEMENT

MPJ HOLDINGS, LLC

Certificate of Status	0
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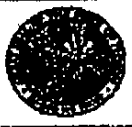
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M05000001409 1. Limited Liability Company's Name MPJ HOLDINGS, LLC			
2. Principal Office Address - No P.O. Box # 665 Main Street Suite, Apt. #, etc. Suite 400 City & State Buffalo, New York Zip 14203		3. Mailing Office Address 665 Main Street Suite, Apt. #, etc. Suite 400 City & State Buffalo, New York Zip 14203	
Country USA		Country USA	
4. State/Country of Formation Delaware, USA			
5. Date Organized or Qualified To Do Business in Florida 3/16/2006			
6. FEI Number NONE		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DERIVED ☐			
8. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation			
State FL			
Zip Code 33324			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u><i>James M. Newsome</i></u> JAMES M. NEWSOME Date <u>1/28/08</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	John P. Michael	665 Main Street, Suite 400	Buffalo, New York 14203
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company meets all the requirements of section 605.408, 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 <u><i>John P. Michael</i></u>		Date <u>1/25/2008</u> Daytime Phone# _____	
Typed or printed name of signing Managing Member/Manager <u>John P. Michael</u>			