M08000001409

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT

MPJ HOLDINGS, LLC

D. BRUCE
JAN 28 2008
EXAMINER

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # M05000001409

1. Limited Liability Company's Name
MPJ HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
665 Main Street		665 Main Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400	
City & State		City & State	
Buffalo, New York		Buffalo, New York	
Zip	Country	Zip	Country
14203	USA	14203	USA

4. State/Country of Formation
Delaware, USA

5. Date Organized or Qualified To Do Business in Florida 3/16/2005

6. FEI Number
none
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

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	State	Zip Code
Plantation	FL	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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ JAMES M. NEWSOME Special Assistant Secretary Date 1/28/08

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
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 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 John P. Michael Date 1/25/2008 Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager John P. Michael