M05000001477

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LIMITED LIABILITY REINSTATEMENT
CORAL PALM ACQUISITION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$238.75~~

$ 138.75

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (10/08)

DOCUMENT # M05000001477

1. Limited Liability Company's Name

Coral Palm Acquisition LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
245 Park Avenue		P.O. Box 5005	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
2nd Floor			
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10167	USA	10163	USA

4. State/Country of Formation
Delaware, USA

5. Date Organized or Qualified To Do Business in Florida March 18, 2005

6. FEI Number
20-2641351
☐ 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 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 Connie Bruno Date 11/13/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Coral Palm Member LLC	P.O. Box 5005	New York, NY 10163
		REINSTATEMENT	

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. By: Coral Palm Member LLC, as sole member
By: Commingled Trust Fund (Special Situation Property) of JPMorgan Chase Bank, N.A., as sole member
By: JPMorgan Chase Bank, N.A., as trustee

Signature of Managing Member/Manager [signature] Date 11/13/09 Daytime Phone # (212) 648-2232

Typed or printed name of signing Managing Member/Manager By: Ethel Gavrilove, Authorized Person