PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000003494

1. Limited Liability Company's Name

DCOTA COHEN HOLDINGS LLC

400141495344
01/20/09--01057--025 **660.00

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

750 LEXINGTON AVE

Suite, Apt. #, etc.

28th FLOOR

City & State

NEW YORK NY

Zip 10022   Country USA

3. Mailing Office Address

750 LEXINGTON AVE

Suite, Apt. #, etc.

28th FLOOR

City & State

NEW YORK, NY

Zip 10022   Country USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified To Do Business in Florida 6/24/05

6. FEI Number 203028335   ☐ 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

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City TALLAHASEE   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 familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _Doreen S. Haeselin_   REGISTERED AGENT MUST SIGN   Asst. VP   Date Jan. 8, 2009

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	CHARLES S COHEN	750 LEXINGTON AVE	NEW YORK, NY 10022
		2006-09	
RE. STATEMENT			

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 _____   Date _____   Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____