PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	O9 JAN 13 AM 11:50
DOCUMENT # M0500003495 1. Limited Liability Company's Name		SECRETARY OF STATE
DCOTA COHEN LL	· C	
2. Principal Office Address - No P ₂ O. Box #	3. Mailing Office Address	- CR2E041 (10/08)
750 LEXINGTON AUE	750 LEXINGTON AUE	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DELAUARE 5. Date Organized or Qualified / //
28 th FLOOR City & State	28th FLOOR City & State	To Do Business in Florida 6/24/2005
NEW YORK, NY	NEW YORK NY	6. FEI Number Applied For
Zip Country	Zip Country	7. CERTIFICATE OF STATUS DESIRED (5.00 Additional Fee required
10022 USA	10022 USA	CERTIFICATE OF STATUS DESIRED for a Certificate of Status
8. Name and Address of	f Current Registered Agent	.l
CORPORATION SERVICE COMPANY Street Address (P.O. Box Number Is Not Acceptable) 1201 HAYS STREET Suite, Apt. #, Etc.		☐ 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.
TALLAHASSEE	State FL 32301	Teinstatement de warveu.
Signature of Registered Agent Loven & Thou	ve named limited Hability company, am familiar with and a limited Hability Company, and a limit	elin Date Jan. 8, 2009
10. Names and Street Addresses of Managing Mem	nbers/Managers	
Titles Name of Managing Members/Manage	Street Address of Each ers Managing Member/Manag	
MgR DCOTA COILEN H	OLDINGS 750 LEXINGTO.	ON AVE NEWYORK, NY 10022
		800140506888 01/13/0901023017 **660.00
REINSTATE	MENITA	
L LAMAL TO LA BARA	WILLINI Ge, Og	
11. I certify that I am managing member/manager or	r the receiver or trustee empowered to execute this appli	lication 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 compa	pany name satisfies the requirements of section 608.406, F.S., and that is true and accurate, and my signature shall have the same legal effect
Signature of Manager	Date	Daytime Phone#
Total and stated	Manage	