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Florida Department of State
Division of Corporations
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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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Kimberly X.2949

LIMITED LIABILITY REINSTATEMENT

ERT AUSMGT GP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000004345

1. Limited Liability Company's Name
ERT AusMgt GP LLC

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
420 Lexington Avenue		420 Lexington Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
7th Floor		7th Floor	
City & State		City & State	
New York, New York		New York, New York	
Zip	Country	Zip	Country
10170	USA	10170	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 08/04/2005

6. FEI Number: 20-3149181 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 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: Tallahassee | 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: [signature] Dona L. Priebe, Assistant VP Date: 1-9-09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Steven F. Siegel	420 Lexington Avenue	New York, NY 10170

REINSTATEMENT 07-09 AL

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: [signature] Date: 1/6/2009 Daytime Phone #: 212-869-3000

Typed or printed name of signing Managing Member/Manager: Steven F. Siegel