9-15-06
200.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
2007 APR 23 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # M05000006219

1. Limited Liability Company's Name
Cain Brothers & Company, LLC

2. Principal Office Address	3. Mailing Office Address
1290 North Palm Ave.	1290 North Palm Ave.
Suite, Apt. #, etc. Suite 105	Suite, Apt. #, etc. Suite 105
City & State Sarasota, Fl	City & State Sarasota Fl
Zip 34236 Country USA	Zip 34236 Country USA

4. State/Country of Formation DE

5. Date Organized or Qualified To Do Business in Florida 11/08/05

6. FEI Number 133960018 ☐ 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: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Drive
Suite, Apt. #, Etc.: Suite 4
City: Weston | State: FL | Zip Code: 33331

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: NRAI Services, Inc. by Geraldine Mirando Geraldine Mirando Asst. Sec.
REGISTERED AGENT MUST SIGN
Date 2-2-07

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	Cain, James E	360 Madison Ave. 5th Fl	New York, NY 10017
			700101773457 05/09/07--01010--003 **100.00
			02/15/07 90277 014 #50.00
			700101773457 05/09/07--01010--004 **50.00
			REINSTATEMENT 06-07

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: [signature] Date 2/5/07 Daytime Phone # (212) 869-5600

Typed or printed name of signing Managing Member/Manager: James E. Cain