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SECRETARY OF STATE
FALLAH ASSIF, FLORIDA

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 MAR 17 8:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 060000001580					
1. Limited Liability Company's Name Big Apple Entertainment Holdings LLC					
2. Principal Office Address - No P.O. Box # 1221 Brickell Avenue		3. Mailing Office Address 1221 Brickell Avenue		4. State/Country of Formation Delaware 5. Date Organized or Qualified To Do Business in Florida September 13, 2005 6. FEI Number 20-4411980 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Suite, Apt. #, etc. Suite 2660		Suite, Apt. #, etc. Suite 2660			
City & State Miami, FL		City & State Miami, FL			
Zip 33131	Country US	Zip 33131	Country US		
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation				State FL	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <i>Michele Holden</i> Michele Holden, Asst. Sec. Date 03/17/14 REGISTERED AGENT MUST SIGN				100257923661 03/18/14--01001--011 **798.75	
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MM	Carni Development Group LLC	1221 Brickell Avenue, Suite 2660	Miami, FL 33131		
REINSTATEMENT 2010-2014				MAR 17 2014 L. SELLERS	
11. E-mail Address: adeiongh@1848capital.com					
12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager <i>John J. Sicilian</i> Date 4/17/2014 Daytime Phone # (786) 662-9681 Typed or printed name of signing Authorized Representative/Manager John J. Sicilian					