PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE COMPANY Secretary of State 08 NOV 13 AM 10: 55 REINSTATEMENT DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA DOCUMENT # M0600002856 1. Limited Liability Company's Name Sitt Acquisition LLC CR2E041 (12/07) 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # One Penn Plaza One Penn Plaza 4. State/Country of Formation New York Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Date Organized or Qualified **Suite 3430** Suite 3430 To Do Business in Florida 5/23/2006 City & State City & State Applied For 6. FEI Number New York, NY New York, NY Not Applicable Zip Country Zip Country 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status USA 10119 10119 USA 8. Name and Address of Current Registered Agent ✓ A \$100 reinstatement fee is imposed, except NRAI Services, Inc. in circumstances which the entity did not Street Address (P.O. Box Number is Not Acceptable) receive the prior notices. By checking this 2731 Executive Park Drive box, you are certifying the prior notices were Suite, Apt. #, Etc. not received and requesting the \$100 Suite 4 reinstatement be waived. Zip Code Weston 33331 red agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. erylces, Inc. Date 11-12-08 Signature of Registered Agent by REGISTERED AGENT MUST SIGN 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers . Titles City / State / Zip MGR Sitt Family, LLC One Penn Plaza, Suite 3430 New York, NY 30119 REINSTATEMENT 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 Date 11/10/08 Daytime Phone # 212 - 777 - 7488 Signature of

Managing Member/Manager

Typed or printed name of signing Managing Member/Manager