M06000002912

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 JUL 19 PM 4:35
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M06000002912

1. Limited Liability Company's Name

CTCW LLC

2007

BK

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
11 Madison Ave.		11 Madison Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NY, NY		NY, NY	
Zip	Country	Zip	Country
10010	USA	10010	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 05/25/2006

6. FEI Number: 84-1708169 ☐ 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: Corporation Service Company

BK

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City	State	Zip Code
Talahassee	FL	32301

E-mail Address:

300210140033

teia.pittman-chalmers@credit-suisse.com

(To be used for future annual report notices)

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 Meryl C. Wiener Date 7/18/11

REGISTERED AGENT MUST SIGN

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	Edmund F. Taylor	11 Madison Ave.	NY, NY 10010
MGR	Elizabeth Verri	11 Madison Ave.	NY, NY 10010
MGR	Robert Wrzosek	11 Madison Ave.	NY, NY 10010
	REINSTATEMENT 2007-2011		

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager X Robert A. Wrzosek Date 7/18/11 Daytime Phone # 212-325-2850

Typed or printed name of signing Managing Member/Manager X Robert Wrzosek

CSC
CORPORATION SERVICE COMPANY

M06000002912

ACCOUNT NO. : I20000000195

REFERENCE : 849157 163137A

AUTHORIZATION :

COST LIMIT : $ 818.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 19 PM 4:35

ORDER DATE : July 18, 2011

ORDER TIME : 9:23 AM

ORDER NO. : 849157-005

CUSTOMER NO: 163137A

REINSTATEMENT

RESUBMIT

Please give original submission date as file date.

NAME: CTCW LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS