H08000255106

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2008 NOV 14 AM 8:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/06)

DOCUMENT # M06000003563

1. Limited Liability Company's Name

GO GODDESS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Bruce Bernstein	c/o Bruce Bernstein
Suite, Apt. #, etc. 350 E. Las Olas Blvd., Suite 1600	Suite, Apt. #, etc. 350 E. Las Olas Blvd., Suite 1600
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33301 / County US	Zip 33301 / County US

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 06/29/2008

6. FEI Number — ☑ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr.

Suite, Apt. #, Etc.: Suite A

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, hereby confirm with said entity the obligations of Chapter 608, F.S.

Signature of Registered Agent: By: Gayle Windle — Date: 11-14-2008

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Capital Partners Global Asset Fund, LLC	c/o Bruce Bernstein, 350 E. Las Olas Blvd., Suite 1600	Fort Lauderdale, FL 33301

REINSTATEMENT 11-14-08

11. I certify that I am managing member/manager of the member or manager appointed 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 608.508, 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: 11/14/08 Daytime Phone #

Typed or printed name of signing Managing Member/Manager: Craig Frank, Member of the Board of Managers of the

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
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From: D. Guerra
Account Name : AKERMAN SENTERFITT (FT. LAUDERDALE)
Account Number : I19980000010
Phone : (954)463-2700
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LIMITED LIABILITY REINSTATEMENT

GO GODDESS, LLC

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