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LIMITED LIABILITY REINSTATEMENT

ISRAEL BERGER & ASSOCIATES OF FLORIDA, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/06)

DOCUMENT # M06000005517

1. Limited Liability Company's Name
Israel Berger & Associates of Florida, LLC

2. Principal Office Address	3. Mailing Office Address
520 Lake Coor Rd.	520 Lake Coor Rd.
Suite, Apt. #, etc. Suite 650	Suite, Apt. #, etc. Suite 650
City & State Deerfield, IL	City & State Deerfield, IL
Zip 60015 Country USA	Zip 60015 Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10/05/2006

6. FEI Number: 20-5626723 Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: CT Corporation System by: Kristine Heiberger
REGISTERED AGENT Kristine Heiberger Assistant Secretary
Date: 10/30/07

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Greer, David A.	520 Lake Cook Road, Suite 650	Deerfield, IL 60015
MGR	Berger, Israel M.	232 Madison Ave.	New York, NY 10016
MGR	Weissbach, Marc N.	232 Madison Ave.	New York, NY 10016

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 as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 10/29/07 Daytime Phone #: 847.236.9600

Typed or printed name of signing Managing Member/Manager: David A. Greer