CSC

CORPORATION SERVICE COMPANY

M07000000169

ACCOUNT NO. : I20000000195

REFERENCE : 111352 4319480

AUTHORIZATION

COST LIMIT : $655.00

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ORDER DATE : February 28, 2012

ORDER TIME : 11:36 AM

ORDER NO. : 111352-005

CUSTOMER NO: 4319480

MAR -1 2012

L. SELLERS

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REINSTATEMENT

NAME: MIAMI AIRPORT EXCHANGE
EQUITIES LLC

RECEIVED
DEPARTMENT OF STATE
12 FEB 29 PM 1:54

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Becky Peirce

EXAMINER'S INITIALS _____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

12 FEB 29 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # M07000000169

1. Limited Liability Company's Name

Miami Airport Exchange Equities LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| c/o Time Equities, Inc., 55 Fifth Avenue | c/o Time Equities, Inc. 55 Fifth Avenue |
| Suite, Apt. #, etc.: 15th Floor | Suite, Apt. #, etc.: 15th Floor |
| City & State: New York, NY | City & State: New York, NY |
| Zip: 10003 Country: USA | Zip: 10003 Country: USA |

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 1/9/07

6. FEI Number: 13-0249326 ☐ 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

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

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301-2525

E-mail Address:

600223400246

(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** Becky Peirce REGISTERED AGENT MUST SIGN

Becky Peirce
Asst. Vice President Date 02/29/2012

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 | Robert Kantor | 55 Fifth Avenue, 15th Floor | New York, NY 10003 |
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REINSTATEMENT 09-12

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. 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** Date 2/28/12 Daytime Phone # 212-206-6179

Typed or printed name of signing Managing Member/Manager Robert Kantor