

MO8UUUUU1198

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE
SECRETARY OF CORPORATIONS
09 OCT 28 AM 8:22

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Emerging Sovereign Group LLC

BK

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box #

101 Park Avenue

Suite, Apt. #, etc.

48th Floor

City & State

New York, NY

Zip

10178

Country

USA

3. Mailing Office Address

101 Park Avenue

Suite, Apt. #, etc.

48th Floor

City & State

New York, NY

Zip

10178

Country

USA

4. State/Country of Formation

Delaware, USA

5. Date Organized or Qualified
To Do Business in Florida

3/13/2008

6. FEI Number

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

☒ 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Joyce L. Markley
as its agent

Joyce L. Markley
as its agent

Date 10/28/09

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
	J. Kevin Kenny, MGRM	101 Park Avenue, 48th Floor	New York, NY 10178
			400162290374

REINSTATEMENT 2009

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

J. Kevin Kenny, MGRM

Date 10/28/09

Daytime Phone # 212-984-5750

Typed or printed name of signing Managing Member/Manager

J. Kevin Kenny, MGRM



CORPORATION SERVICE COMPANY

M08UUUUUU1198

ACCOUNT NO. : I20000000195

REFERENCE : 170736 4804708

AUTHORIZATION :

COST LIMIT : \$ 138.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 28 AM 8:22

ORDER DATE : October 28, 2009

ORDER TIME : 3:55 PM

ORDER NO. : 170736-005

CUSTOMER NO: 4804708

RECEIVED
09 OCT 28 PM 4:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: EMERGING SOVEREIGN GROUP LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS

JK