Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LIMITED LIABILITY REINSTATEMENT
HIGHBRIDGE CAPITAL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,210.00

2017 FEB -2 PM 3:54

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2017 FEB -2 PM 12:19

FEB - 2 2017

L BERGER

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M09000002928

1. Limited Liability Company's Name
Highbridge Capital Management, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
40 West 57th Street	40 West 57th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Floor 32	Floor 32
City & State	City & State
New York, NY	New York, NY
Zip / Country	Zip / Country
10019 / USA	10019 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
07/30/2009

6. FEI Number
20-1901985
☐ 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
C T 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 605, F.S.

Signature of Registered Agent: Michele Lamagna Date: 2/2/17
Michele Lamagna
Assistant Secretary
REGISTERED AGENT MUST SIGN.

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
COE	Christopher Hayward	40 West 57th Street, Floor 32	New York, NY, 10019
CCO	John L. Oliva	270 Park Avenue, Floor 09	New York, NY, 10017
GC	Joshua S. Cohen	270 Park Avenue, Floor 09	New York, NY, 10017
	REINSTATEMENT		
	2010-2016		

11. E-mail Address: ots.annualreports@jpmchase.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0112, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: 2/2/17 Daytime Phone #: 212-648-2548

Typed or printed name of signing Authorized Representative/Manager: Joshua S. Cohen/ Authorized Representative