


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

17 OCT 10 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M1500000560

1. Limited Liability Company's Name
Roberta Roller Rabbit, LLC

400304420874
10/11/17--01002--012 **412.50

2. Principal Office Address - No P.O. Box # 336 W37th Street		3. Mailing Office Address 336 W37th Street	
State Apt. #, etc. Suite 700		State Apt. #, etc. Suite 700	
City & State New York, NY		City & State New York, NY	
Zip 10018	Country USA	Zip 10018	Country USA

CR2E041 (1/14)

4. State/Country of Formation Delaware/USA	
5. Date Organized or Qualified To Do Business in Florida February 12, 2015	
6. FEI Number 47-2803255	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

5. Name and Address of Current Registered Agent

Name
Capitol Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable) Suite,
515 East Park Avenue

Apt. #, Etc.
2nd Floor

City
Tallahassee

State
FL

Zip Code
32301

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 *Kim Tadlock* **Kim Tadlock, Asst Sec on behalf of Capitol Corporate Services, Inc.** Date 10/10/2017

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	Joseph Young	336 W37th Street, Suite 700	New York, NY 10018
AR	Edward Brennan	336 W37th Street, Suite 700	New York, NY 10018

11. E-mail Address accounting@rollerrabbit.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 on the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, 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 authorized representative/member *Edward Brennan* Date 10/9/17 Daytime Phone # 646-217-6649

Typed or printed name of signing authorized representative/member Edward Brennan

RE 10/17