

M97000000052

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000075384 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

FILED
06 MAR 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04, 05, 06

RECEIVED
06 MAR 21 PM 3:55
DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

PRICEWATERHOUSECOOPERS INVESTMENT ADVISERS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$250.00

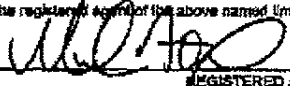
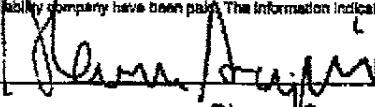
Electronic Filing Menu

Corporate Filing Menu

Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 MAR 21 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M97000000052 1. Limited Liability Company's Name PricewaterhouseCoopers Investment Advisers LLC			
2. Principal Office Address 300 Madison Avenue Suite, Apt. & etc. Room 21317 City & State New York, NY Zip 10017		3. Mailing Office Address 300 Madison Avenue Suite, Apt. & etc. Room 21317 City & State New York, NY Zip 10017	
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 12/4/2000	
6. FEI Number 52-1951525		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐ \$600 Additional Fee (not for a Certificate of Status)			
8. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (Do Not Number if Not Acceptable) 1200 South Pine Island Road Suite, Apt. & Etc. City PLANTATION			
State FL			
Zip Code 33224			
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  Melissa Fox Assistant Secretary Date 3/21/06 REGISTERED AGENT INFORMATION			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Michael B. Kennedy	2001 Market Street	Philadelphia, PA 19103
MGR	Bernard Palmer	10 Tenth Street	Atlanta, GA 30309
MGR	Bernard S. Kent	1900 St. Antoine Street	Detroit, MI 48226
MGR	Paul Bracaglia	2001 Market Street	Philadelphia, PA 19103
MGR	Shawn Samperi	300 Madison Avenue	New York, NY 10017
11. I certify that I am managing member/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 meets the requirements of section 605.405, 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 		Date 03/13/2006 Daytime Phone # 646-471-3000	
Typed or printed name of signing Managing Member/Manager Shawn Samperi			