PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
00 NOV -1 AM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2000

DOCUMENT # M97000000249

1. Limited Liability Company's Name
The Goloman, Sachs & Co. L.L.C.
85 Broad Street
New York NY 10004

2. Principal Office Address	**3.** Mailing Office Address
85 Broad Street	85 Broad St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NY NY	City & State: NY NY
Zip: 10004 Country: USA	Zip: 10004 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 5/6/97

6. FEI Number: 13-3920082 ☐ 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 S 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 608, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 10-30-00
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGRM	The Goloman Sachs Group, Inc	85 Broad Street	New York NY 10004
			100003456811--2 -11/08/00--01025--013 ****150.00 ****150.00

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. The Goloman Sachs Group, Inc

Signature of Managing Member/Manager: James B Ma ASSISTANT SECRETARY Date: 10-30-00 Daytime Phone #: 902-7559

Typed or printed name of signing Managing Member/Manager: The Goloman Sachs Group, Inc