

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 APR 20 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

DOCUMENT # M97000000271
1. Limited Liability Company's Name Kellogg (GP) LLC
SLK LLC

2. Principal Office Address <u>120 Broadway</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>120 Broadway</u> Suite, Apt. #, etc. <u>7th Floor - Legal Dept</u>	
City & State <u>New York, NY</u>		City & State <u>New York, NY</u>	
Zip <u>10271</u>	Country <u>USA</u>	Zip <u>10271</u>	Country <u>USA</u>

4. State/Country of Formation <u>New York</u>	
5. Date Organized or Qualified To Do Business in Florida <u>4/19/97</u>	
6. FEI Number <u>13-3809472</u>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name <u>Corporation Service Company</u>	300003222273--6
Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u>	-04/25/00-01017-002 ****100.00 ****100.00
Suite, Apt. #, Etc.	300003222273--6
City <u>Tallahassee</u>	State <u>FL</u> Zip <u>32301</u>

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 Dolores Butten Date 4-18-00
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
MGR	SLK Management, Inc.	120 Broadway	New York, NY 10271

ii. 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 Carl H. Hewitt Date 4/6/00 Daytime Phone # (212) 433-7015
Printed name of signing Managing Member/Manager Vice President of SLK Management Inc.,
Managing Member of SLK LLC



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 19, 2000

KELLOGG (GP) LLC
120 BROADWAY
NEW YORK, NY 10271

SUBJECT: KELLOGG (GP) LLC
Ref. Number: M97000000271

We have received your document for KELLOGG (GP) LLC and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

The fee due to reinstate is \$250.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 600A00021524

RECEIVED
00 APR 20 AM 9:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



**THE UNITED STATES
CORPORATION**
C O M P A N Y

ACCOUNT NO. : 072100000032

REFERENCE : 665885 163209A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : April 17, 2000

ORDER TIME : 11:04 AM

ORDER NO. : 665885-005

CUSTOMER NO: 163209A

CUSTOMER: Ms. Casey A. Early
SPEAR LEEDS & KELLOGG
SPEAR LEEDS & KELLOGG
120 Broadway
6th Floor
New York, NY 10271

DOMESTIC FILING

NAME: SLK LLC

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED
00 APR 19 PM 1:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA