

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE

FILED

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DOCUMENT # M97000000530

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

MTGRP, LLC

2. Principal Office Address

85 Broad Street

Suite, Apt. #, etc.

26th Floor

City & State

New York, NY

Zip

10004

Country

USA

3. Mailing Office Address

85 Broad Street

Suite, Apt. #, etc.

26 Floor

City & State

New York, NY

Zip

10004

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

8-20-97

6. FEI Number

13-3952168

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

CT 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 608, F.S.

Signature of
Registered Agent

Robin LaPeters

Robin LaPeters
Vice President

Date 4-26-2002

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

MTGLQ Investors, LP

CIO GRP Financial Services

360 Hamilton Ave., 5th Fl

White Plains, NY 10601

REINSTATEMENT

2001-02

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.

Signature of
Managing Member/Manager

James B. McHugh

Date 4-30-02

Daytime Phone # 902-1000

Typed or printed name of signing Managing Member/Manager

MTGLQ INVESTORS, L.P.
By: MLO, LLC.

By: JAMES B. McHUGH, Acct. Secretary

CR2E041 (9/01)