(1)

APPROVED AND FILED

00 DEC -4 AM 8:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

REINSTATED 1999-2000

DOCUMENT # M98000000269

1. Limited Liability Company's Name
Old Stand Real Estate, LLC

2. Principal Office Address	3. Mailing Office Address
450 Park Avenue	450 Park Avenue
Suite, Apt. #, etc. 29th Floor	Suite, Apt. #, etc. 29th Floor
City & State New York, New York	City & State New York, New York
Zip 10022 / Country	Zip 10022 / Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: March 20, 1998

6. FEI Number: 13-1977179 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Lexis Document Services

Street Address (P.O. Box Number is Not Acceptable): 3953 W.W. Kelley Road

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32311

CR2E041 (9/99)

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: Cynthia Woodyard - as agent Date: 12-4-00
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/ member	Jeffrey B. Citrin	450 Park Avenue, 29th Floor	New York, New York 10022
man. member	Stephen Feinberg	450 Park Avenue, 29th Floor	New York, New York 10022
man. member	J. Ezra Merkin	450 Park Avenue, 29th Floor	New York, New York 10022

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$120.00

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.

Signature of Managing Member/Manager: [signature] Date: 12/1/00 Daytime Phone #: (212) 891-2100

Typed or printed name of signing Managing Member/Manager: Jeffrey B. Citrin

(2)

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: (Sub Account)

DATE: 11-30-00

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: (____) (____-____) ext (____)

CONTACT NAME:

CORPORATION NAME: Old Stand Real Estate, LLC

DOCUMENT NUMBER: (if applicable) File Reinstatement
cus back.

AUTHORIZATION: Cynthia J. Woodyard

- [ ] CERTIFIED COPY (1-9)
- [x] CERTIFICATE OF STATUS (1-9)
- [ ] PLAIN STAMPED COPY

( ) Call When Ready ( ) Call if Problem
( ) Walk In ( ) Will Wait
( ) Mail Out

Pick Up

FILED
00 NOV 30 AM 11:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA