M98000003365

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.

(((H07000088125 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
07 APR -4 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

PRICEWATERHOUSE COOPERS INVESTIGATIONS LLC

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

RECEIVED
07 APR -4 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

FILED
07 APR -4 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M98000000365

1. Limited Liability Company's Name
PricewaterhouseCoopers Investigations LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
300 Madison Avenue	300 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10017 Country: USA	Zip: 10017 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 04/17/1998

6. FEI Number: 13-3987026 ☐ 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

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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 Special Asst Secretary — Date: 4/4/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Steve L. Skulak	300 Madison Avenue	New York, NY 10017
MGR	Manny A. Alas	300 Madison Avenue	New York, NY 10017
MGR	Erik Skramstad	125 High Street	Boston, MA 02110

REINSTATEMENT
05,06,07

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 upon filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: Manny A. Alas Date: 03/28/2007 Daytime Phone #: 646-471-3242

Typed or printed name of signing Managing Member/Manager: Manny A. Alas Manager

FLLLC - 01/07 CT System Online