


**2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED**  
06 DEC -7 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000484			
1. Entity Name GE SEACO AMERICA LLC			
Principal Place of Business 1155 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2711		Mailing Address 1155 AVENUE OF THE AMERICAS NEW YORK, NY 10036-2711	
2. Principal Place of Business 7200 NW 19 <sup>th</sup> Street Suite 500		3. Mailing Address 7200 NW 19 <sup>th</sup> Street Suite 500	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33126		Zip 33126	
Country		Country	
4. FEI Number 13-4002608		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
8. The above named entity submits this statement for the purpose of changing its status to that of a limited liability company, or both, in the State of Florida. I am familiar with, and accept the obligations of, the registered agent.			
SIGNATURE <i>Juanita Reyes</i>		Asst. Secretary 12/6/06	
Name, typed or printed name of registered agent and title if applicable		DATE	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR D'AVINO, RICK 200 LONG RIDGE ROAD STAMFORD, CT 06927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR IKER, T. DENNIS 200 LONG RIDGE ROAD STAMFORD, CT 06927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LYNCH, ROBIN M 1155 AVENUE OF THE AMERICAS NEW YORK, NY 100362711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Lynch, Robin 203 South Avenue East - 2nd floor Westfield, NJ 07090 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LANDRY, JOHN T JR. 1155 AVENUE OF THE AMERICAS NEW YORK, NY 100362711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Landry, John T. Jr. 1114 Avenue of the Americas - 38th floor New York, NY 10036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>REINSTATEMENT 2006</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information submitted with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>John Lynch</i>		Date: 12/6/06 Device Phone #: 2127648211	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



CORPORATION SERVICE COMPANY

M98000000484

ACCOUNT NO. : 072100000032

REFERENCE : 646334 4324728

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ ~~200.00~~

ORDER DATE : December 6, 2006

150.00

ORDER TIME : 9:42 AM

ORDER NO. : 646334-005

CUSTOMER NO: 4324728

*MK*

REINSTATEMENT

NAME: GE SEACO AMERICA LLC

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2006 DEC -7 AM 10:44  
ACKNOWLEDGE  
TO AGENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX        PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS \_\_\_\_\_

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