FILED
02 APR 30 AM 9:59
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

DOCUMENT # M98000000578

1. Limited Liability Company's Name
BENJAMIN MANAGEMENT COMPANY, L.L.C.

2. Principal Office Address	3. Mailing Office Address	4. State/Country of Formation
360 West 31st Street	360 West 31st Street	NEW JERSEY
Suite, Apt. #, etc. Suite 1000	Suite, Apt. #, etc. Suite 1000	5. Date Organized or Qualified To Do Business in Florida: MAY 29, 1998
City & State: NEW YORK, NY	City & State: NEW YORK NY	6. FEI Number: 13-4068837 ☐ Applied For ☐ Not Applicable
Zip: 10001 County: NEW YORK	Zip: 10001 County: NEW YORK	7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name: BRUCE D. GITLIN c/o JKG GROUP INC
Street Address (P.O. Box Number is Not Acceptable): 1000 CLINT MOORE ROAD
Suite, Apt. #, Etc.: Suite 201
City: BOCA RATON State: FL Zip Code: 33487

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter [illegible], F.S.

Signature of Registered Agent: [signature] Attorney In Fact Date: 4/29/02
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
MGRM	BRUCE D. GITLIN	360 WEST 31st St. Suite 1000	NEW YORK, NY 10001
			400005393094--3
		REINSTATEMENT	01-02-02
			dcc

11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter [illegible], F.S. I further certify that [illegible] [illegible] the limited liability company name satisfies the requirements of section [illegible], 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] Attorney In Fact Date: 4/29/02 Telephone: (212) 244-4646

Typed or printed name of signing Managing Member/Manager: BRUCE D. GITLIN MANAGING MEMBER

ACCOUNT NO. : 072100000032

REFERENCE : 550155 4719018 Patricia Pizzuto

AUTHORIZATION :

COST LIMIT : $ 205.00

ORDER DATE : April 25, 2002

ORDER TIME : 11:44 AM

ORDER NO. : 550155-010

CUSTOMER NO: 4719018

CUSTOMER: Ms. Carol Caravassi
St. John & Wayne
Two Penn Plaza East

Newark, NJ 07105

REINSTATEMENT

NAME: BENJAMIN MANAGEMENT COMPANY, L.L.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

RECEIVED
02 APR 30 PM 12:52
DIVISION OF CORPORATIONS
TRENTON, NJ

CONTACT PERSON: Sara Lea ext 1114

EXAMINER'S INITIALS _____