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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

Kimberly K. 2949

LIMITED LIABILITY REINSTATEMENT

POINTE ORLANDO LOGO, L.C.

Certificate of Status	0
Certified Copy	0
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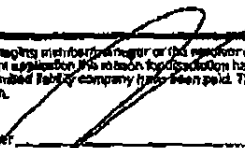
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NO. 319

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M98000000705 1. Limited Liability Company's Name Pointe Orlando Logo, L.C.			
2a. Principal Office Address - No P.O. Box # 420 Lexington Avenue Suite, Apt. #, etc. 7th Floor City & State New York, New York Zip 10170		2b. Mailing Office Address 420 Lexington Avenue Suite, Apt. #, etc. 7th Floor City & State New York, New York Zip 10170	
3. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. # Etc. City Tallahassee		4. State/Country of Formation Arizona 5. Date Organized or Qualified To Do Business in Florida 07/03/1998 6. FIC Number 85-0913070	
7. Certificate of Status Desired ☐ YES (If not, please indicate reason for reinstatement of status)		8. 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 606, F.S. Signature of Registered Agent  Dona L. Priebe, Assistant VP Date 1-9-09 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Steven F. Siegel	420 Lexington Avenue, 7th Fl	New York, NY 10170
REINSTATEMENT 2008-09			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application, no action for dissolution has been initiated, 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 correct, and my signature shall have the same legal effect as if made under oath.			
Signature of Managing Member/Manager 		Date 1/6/2009 Cayman Phone # 212-869-3000	
Typed or printed name of signing Managing Member/Manager Steven F. Siegel			

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