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LIMITED LIABILITY REINSTATEMENT

POINTE ORLANDO LOGO, L.C.

Certificate of Status	0
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EXAMINER

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (12/07)

DOCUMENT # M98000000705

1. Limited Liability Company's Name

Pointe Orlando Logo, L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
420 Lexington Avenue	420 Lexington Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
7th Floor	7th Floor
City & State	City & State
New York, New York	New York, New York
Zip: 10170 Country: USA	Zip: 10170 Country: USA

4. State/Country of Formation: Arizona

5. Date Organized or Qualified To Do Business in Florida: 07/01/1998

6. FEI Number: 86-0913070 ☐ 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: Corporation Service Company

Street Address: (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

☐ 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: Dona L. Priebe, Assistant VP Date: 1-9-09

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	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 member 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 608.508, 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: _____ Date: 1/6/2009 Daytime Phone #: 212-869-3000

Typed or printed name of signing Managing Member/Manager: Steven F. Siegel