

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 30 PM 11:02

DOCUMENT # M98000000714

1. Limited Liability Company's Name

PricewaterhouseCoopers Services LLC

REINSTATEMENT 2000

2. Principal Office Address

1301 Ave. of the Americas

Suite, Apt. #, etc.

Room 7N-142

City & State

New York, NY

Zip
10019

Country
USA

3. Mailing Office Address

1301 Ave. of the Americas

Suite, Apt. #, etc.

Room 7N-142

City & State

New York, NY

Zip
10019

Country
USA

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

07/02/98

6. FEI Number

59-3555115

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

000003459440-8
-11/09/00--01096-018
****150.00 ****150.00

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

Jonathan R. Giddings
Assistant Secretary

REGISTERED AGENT MUST SIGN

Date 10/26/2000

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	James P. Kovacs	1301 Ave. of the Americas	New York, NY 10019
MGR	Ronald B. Hauben	1301 Ave. of the Americas	New York, NY 10019
MGR	Marsha R. Cohen	1301 Ave. of the Americas	New York, NY 10019
MGR	Ann L. MacDougall	1301 Ave. of the Americas	New York, NY 10019

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 when filing this reinstatement application the reason for dissolution has been eliminated, 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 accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

Date 10/18/2000

Daytime Phone # (212) 707-6769

Typed or printed name of signing Managing Member/Manager

James P. Kovacs