M98000000714

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REINSTATEMENT 4/26/07

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LIMITED LIABILITY REINSTATEMENT

PRICEWATERHOUSECOOPERS SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$300.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2ED41 (1/07)

DOCUMENT # M98000000714

1. Limited Liability Company's Name
PricewaterhouseCoopers Services LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
300 Madison Avenue	300 Madison Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10017 Country: USA	Zip: 10017 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 07/02/1998

6. FEI Number: 59-3555115 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

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

☐ 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: Carine Bing Date:
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.	Ellenore O'Hanrahan	300 Madison Avenue	New York, NY 10017
Mgr.	Cyrus Pardiwala	300 Madison Avenue	New York, NY 10017
Mgr.	Samuel P. Starr	1301 K Street NW, Suite 800W	Washington, DC 20005-3333

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: Ellenore O'Hanrahan Date: 04/24/2007 Daytime Phone #: 646-471-1154

Typed or printed name of signing Managing Member/Manager: Ellenore O'Hanrahan

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