M98000001349

PLEASE R[illegible] ALL I[illegible] BEFORE COMPLETING THIS FORM.

FILED
04 APR 21 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M98000001349

100034413117
04/28/04--01028--036 **300.00

1. Limited Liability Company's Name

THE WHITESTONE GROUP, LLC

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2. Principal Office Address	3. Mailing Office Address
1201 BRICKELL AVENUE	1201 BRICKELL AVENUE
Suite, Apt. #, etc.: SUITE 210	Suite, Apt. #, etc.: SUITE 210
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. State/Country of Formation: NEW YORK

5. Date Organized or Qualified To Do Business In Florida: 11/18/98

6. FEI Number: 113424836 — 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: NationsCorp Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Alison Hand ~ASST SEC (INCESS) Date: 4/21/04

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
MGR	JEFFREY RUBIN	111 DEER RUN	ROSLYN, NEW YORK 11577
MGR	BARRY SLOAN	1343 SMITH RIDGE ROAD	NEW CANAAN, CONNECTICUT 06840
MGR	BRIAN WASSERMAN	14 WILSHIRE DRIVE	SYOSSET, NEW YORK 11791

REINSTATEMENT 2001-2004

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 608.408, 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] Date: 3/15/04 Daytime Phone #: 516-390-2252

Typed or printed name of signing Managing Member/Manager: Brian A. Wasserman

CR2E047 (10/02)