PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M99000000973

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 20 PM 4:45
TALLAHASSEE, FLORIDA

100025038101
11/25/03--01050--019 **155.00

DOCUMENT #

1. Limited Liability Company's Name
PINNACLE MANAGING CO., LLC

2. Principal Office Address		3. Mailing Office Address	
ONE PENN PLAZA		ONE PENN PLAZA	
Suite, Apt. #, etc. SUITE 4000		Suite, Apt. #, etc. SUITE 4000	
City & State NEW YORK, NY		City & State NEW YORK, NY	
Zip 10119	Country USA	Zip 10119	Country USA

4. State/Country of Formation
NEW YORK, NY

5. Date Organized or Qualified To Do Business in Florida 6/25/1999

6. FEI Number 13-4055497 — 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: JOEL WIENER, C/O INLAND TOWERS LLC

Street Address (P.O. Box Number is Not Acceptable): 2075 NORTHEAST 164TH STREET

Suite, Apt. #, Etc.:

City: NORTH MIAMI BEACH — State: FL — Zip Code: 33162

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 _____ Date 11/17/03
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	JOEL WIENER	ONE PENN PLAZA, SUITE 4000	NEW YORK, NY 10119

REINSTATEMENT 2003

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 11/17/03 Daytime Phone # 212 695-2800

Typed or printed name of signing Managing Member/Manager Joel Wiener