Mar-18-04 01:37pm From-Foley & Lardner 407 648 1743 T-244 P.004/007 F-002

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 29 AM 11:21

LR 04/08/04

DOCUMENT # M99000001649

1. Limited Liability Company's Name
DSP PARTNERS, LLC

REINSTATEMENT 2001-2004

100000000001
03/29/04--01092--003 **50500.00

2. Principal Office Address		3. Mailing Office Address	
900 Fifth Avenue			
Suite, Apt. #, etc.: c/o R. Denerstein		Suite, Apt. #, etc.	
City & State: New York, NY		City & State	
Zip: 10021-4157	Country: USA	Zip	Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10/18/1999

6. FEI Number: 13-4083721 — 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: F&L Corp.

Street Address (P.O. Box Number Is Not Acceptable): 200 Laura Street

Suite, Apt. #, Etc.: 3rd Floor

100000000001
03/29/04--01092--003 **305.00

City: Jacksonville State: FL Zip Code: 32202

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: [signature], agent

REGISTERED AGENT MUST SIGN Date: 3/26/04

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	Rita Denerstein	900 Fifth Avenue	New York, NY 10021-4157
	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 608.406, 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: Rita H. Denerstein Date: 3/20/04 Daytime Phone#: 561-833-5174

Typed or printed name of signing Managing Member/Manager: Rita Denerstein