2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000079551

1. Entity Name
ROCKEFELLER RISK ADVISORS OF FLORIDA, INC.

FILED
07 JUL 31 AM 10:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 7-26-07

07242007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
30 ROCKEFELLER PLAZA, ROOM 5600 NEW YORK, NY 10112	121 RIVER STREET HOBOKEN, NJ 07030-5794

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3738395 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUDLEY, FRED R ESQ. AKERMAN, SENTERFITT, P.A. 301 S. BRONOUGH ST., UNIT #200 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 300107549323 08/08/07--01047--007 **300.00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MALLOY, WILLIAM A 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Executive Vice President Philip V. Moyles, Jr. 1166 Ave of the Americas New York NY 10036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MCANUFF, TERRENCE 121 RIVER ST. HOBOKEN, NJ 070305794	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARTLEY, MATTHEW 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Alan W. Bieler 1166 Ave of the Americas New York NY 10036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FURST, BARRY W 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Barry Furstenberger 1166 Ave of the Americas New York NY 10036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOMENSON, WALTER JR. 1166 AVENUE OF THE AMERICAS NEW YORK, NY 10036	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Philip V. Moyles Jr. 1166 Ave of the Americas New York NY 10036	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Terence McAnuff Terence McAnuff 7/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #