PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 FEB -5 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000004902

1. Corporation Name
The Clinton Group, INC.

2. Principal Office Address	3. Mailing Office Address
3225 Aviation Ave # 700	3225 Aviation Ave
Suite, Apt. #, etc.: 700	Suite, Apt. #, etc.: 700
City & State: Coconut Grove, FL	City & State: Coconut Grove, FL
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/12/96

5. FEI Number: 65-0629849 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Stewart Marcus

Street Address (P.O. Box Number is Not Acceptable): 3225 Aviation Ave.

Suite, Apt. #, Etc.: 700

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City: Coconut Grove | State: FL | Zip Code: 33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: S Marcus — Date: 12/29/00
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Stewart Marcus	3225 Aviation Ave. #700	Coconut Grove, FL. 33133
VP	Peter F. Fagan	3225 Aviation Ave #700	Coconut Grove, FL. 33133
			200003656642--8
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			****300.00 ****300.00 CHRD

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Peter F. Fagan — 12/09/00 — (305) 860-8188
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER F. FAGAN