

2006 FOR PROFIT CORPORATION REINSTATEMENT

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 PM 3:18

DOCUMENT # P97000088074

1. Entity Name
DMB L3, G.P., INC.



Principal Place of Business
501 MADISON AVENUE 18 FLOOR
NEW YORK, NY 10022

Mailing Address
501 MADISON AVENUE 18 FLOOR
NEW YORK, NY 10022

REINSTATEMENT 06

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10062006 REIN-P CR2E098 (11/05)

4. FEI Number
13-3970174

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$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	D	<input type="checkbox"/> Delete
NAME	KRAMER, CHARLES	
STREET ADDRESS	501 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	T	<input type="checkbox"/> Delete
NAME	KUSHNER, BRAD	
STREET ADDRESS	501 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BRUDER, RONALD B	
STREET ADDRESS	501 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	P	<input type="checkbox"/> Delete
NAME	KRAMER, CHARLES	
STREET ADDRESS	501 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRAD KUSHNER

10/6/06

(212) 755-3727