M97000000715

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

98 JUN 11 PM 1:06

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT #** M97000000715

Grand Cru Riverside GP LLC
c/o Emmes Asset Management Corp.
420 Lexington Avenue
NY, NY 10170

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a

1a. Principal Place of Business Address

Same as #1

2. Principal Place of Business

c/o Emmes Asset Mgt Corp.
Suite, Apt. #, etc.
420 Lexington Ave.
Suite 2702
City & State
NY, NY
Zip: 10170 Country: USA

2a. Mailing Address

420 Lexington Ave
Suite, Apt. #, etc.
Suite 2702
City & State
NY, NY
Zip: 10170 Country: USA

3. Date Organized or Qualified: Oct. 30, 1997

3a. State of Formation: New York

4. FEI Number: 13 3974431 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

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

7. Name and Address of Current Registered Agent

CSC
1201 Hays Street
Tallahassee, FL 32301

8. Name and Address of New Registered Agent

Name
Street Address (**P.O. Box Number Is Not Acceptable**)
Suite, Apt. #, etc
City FL Zip Code

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 _____
REGISTERED AGENT MUST SIGN

| 10. Title | Managing Members/Managers | Business Street Address | City, State & Zip Code |
|---|---|---|---|
| MGRM | Andrew Davidoff | 420 Lexington Ave. NY, NY 10170 | |
| MEM | Larry Davis | Same as above | |
| MEM | Gary Tischler | Same as above | |

100001277158 1 ----4
-02/09/99- -01124- -001
****688.75 ****688.75

REINSTATEMENT 1998

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 12/11/98 Daytime Phone # 010-353-8900

Typed or printed name of signing Managing Member/Manager Gary Tischler, as Vice President

CR2EO41 12/97