

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 12 PM 4:50

SECRET
TALLAHASSEE, FLORIDA

MJH

7/12

DOCUMENT # L00000004454

1. Limited Liability Company's Name

Grange, L.L.C.

2. Principal Office Address

1001 - 3rd Avenue West

Suite, Apt. #, etc.

Suite 700

City & State

Bradenton, FL

Zip

34205

Country

Manatee

3. Mailing Office Address

1001 - 3rd Avenue West

Suite, Apt. #, etc.

Suite 700

City & State

Bradenton, FL

Zip

34205

Country

Manatee

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

4/18/2000

6. FEI Number

65-1009283

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

Joseph P. Venable

Street Address (P.O. Box Number is Not Acceptable)

1400 - 4th Avenue W.

Suite, Apt. #, Etc.

City

Bradenton

State

FL

Zip Code

34205

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

REGISTERED AGENT MUST SIGN

Date

7/8/04

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
Mgr	Giulio Crespi	Via Riscoli 2	20121 Milan Italy
Mgr	Uli Bennewitz	1001 - 3rd Ave. W., Ste. 700	Bradenton, FL 34205
Mgr	Robert Christopher	1001 - 3rd Ave. W., Ste. 700	Bradenton, FL 34205

REINSTATEMENT

2001-2002-
2003-2004

300036991443

05/21/04 01038-013
\$1200

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

7/6/04

Daytime Phone #

(941) 748-1040

Typed or printed name of signing Managing Member/Manager