

FILED

07 NOV -6 PM 12:12

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000083321

1. Limited Liability Company's Name

GRANDE RIVIERA INVESTMENTS, LLC

700112047437
11/06/07--01052--008 **100.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 101 EISENHOWER PARKWAY Suite, Apt. #, etc. C/O SETON COMPANY City & State ROSELAND, NJ Zip 07068		3. Mailing Office Address 101 EISENHOWER PARKWAY Suite, Apt. #, etc. C/O SETON COMPANY City & State ROSELAND, NJ Zip 07068	
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4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida AUGUST 23, 2005	
6. FEI Number 25-6685018	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name E. JOHN WAGNER II		
Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE		
Suite, Apt. #, Etc.		
City SARASOTA	State FL	Zip Code 34236

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

11/2/07

REGISTERED AGENT MUST SIGN

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	Gail Kurz, as Trustee of the Philip D. Kaltenbacher Irrevocable Trust U/A/D 2/25/2000	c/o Seton Company 101 Eisenhower Parkway	Roseland, New Jersey 07068

REINSTATEMENT

06-07

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

11/1/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Gail Kurz