PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAR 25 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000114724

1. Limited Liability Company's Name
GRUTLAND LLC

CR2E041 (1/14)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1500 OCEAN DRIVE | 6 Dickinson Dr. |
| Suite, Apt. #, etc. UNIT 607 | Suite, Apt. #, etc. Ste. 218 |
| City & State MIAMI BEACH, FL | City & State Chadds Ford, PA |
| Zip 33139 Country USA | Zip 19317 Country USA |

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/16/2008

6. FEI Number: 264797702 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: W. BRADLEY MUNROE
Street Address (P.O. Box Number is Not Acceptable): 239 E. VIRGINIA STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

000257699280
03/24/14--01037--010 **138.75

000257699280
03/11/14--01023--013 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: W. Bradley Munroe Date: 3-3-2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Title | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| MGRM | Oscar Groet | VIA PROMESI SPOSI 16 | Montagnola, Switzerland 6926 |
| MGR | Mark Marinzoli | 6 Dickinson Dr. Ste. 218 | Chadds Ford, PA 19317 |
| | | REINSTATEMENT 2013-2014 | |
| | MAR 25 2014 | | |
| | L SELLERS | | |

11. Email Address: krule@fiduciarysupport.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 03/04/14 Daytime Phone #: 610-765-6008

Typed or printed name of signing Authorized Representative/Manager: Mark Marinzoli