

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 26 PM 1:33

W8/27

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

2001-2002

DOCUMENT # L97000000101

1. Limited Liability Company's Name

F + V HOLDING L.C.

300007445623--4
-08/30/02--01011--003
****155.00 ****155.00

2. Principal Office Address

153 East 53th Street

Suite, Apt. #, etc.

39th Floor

City & State

New York, NY

Zip

10022

Country

USA

3. Mailing Office Address

210 KIRKLAND & ELLIS
153 East 53th Street

Suite, Apt. #, etc.

39th Floor

City & State

New York, NY

Zip

10022

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

01/27/1997

6. FEI Number

980172878

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee,

State

FL

Zip Code

32301

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

Corporation Service Company

Brian Courtney
Asst. V. Pres.

Date August 26, 2002

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
MGRM	Andreas Verhoeven	153 East 53th Street, 39th Floor	New York, NY 10022
MGRM	Angelika Verhoeven	Same	Same
			2001
			2002

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 Aug-22, 2002 Daytime Phone # 212-446-4800

Typed or printed name of signing Managing Member/Manager Andreas Verhoeven

REINSTATEMENT

CR2E041 (9/01)