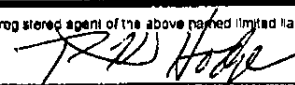
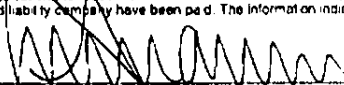


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
09 FEB -2 PM 12:45
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L99000002813			
1. Limited Liability Company's Name Grantham International LC			
2. Principal Office Address - No P.O. Box # CRYSTAL OFFICES Suite, Apt. #, etc. OUT CENTRE, VICTORIA City & State MAHE Zip SEYCHELLES		3. Mailing Office Address 1220 N. Market Street Suite, Apt. #, etc. suite 804 City & State Wilmington, DE Zip 19801 Country USA	
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 05/17/1999	
6. FEI Number ☐ 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 Florida Filing & Search Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 155 Office Plaza Dr. Suite, Apt. #, Etc. suite A 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  Date 2-2-09 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	KENSINGTON MANAGEMENT LTD	CRYSTAL OFFICES OUT CENTRE VICTORIA MAHE SEYCHELLES	
REINSTATEMENT 2006-2009			
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 _____ Daytime Phone# _____ Typed or printed name of signing Managing Member/Manager _____			

300142607123

CR2E041 (10/08)

☒ 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.

L99000002813

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02-02-09

NAME: GRANTHAM INTERNATIONAL LC

TYPE OF FILING: REINSTATEMENT

COST: \$560

RETURN: GOOD STANDING

BK

RECEIVED
09 FEB -2 AM 11:08
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE PAUL HODGE

[Signature]

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09 FEB -2 PM 12:45
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA