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

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L99000002813

300142607123

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CR2E041 (10/08)

1. Limited Liability Company's Name

Grantham International LC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
CRYSTAL OFFICES		1220 N. Market Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
OT CENTRE, VICTORIA		suite 804	
City & State		City & State	
MAHE		Wilmington, DE	
Zip	Country	Zip	Country
	SEYCHELLES	19801	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

☑ 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: RW Hodge — Date: 2-2-09

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
	KENSINGTON MANAGEMENT LTD	CRYSTAL OFFICES OT 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: _____

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

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09 FEB -2 AM 11:08
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TYPE OF FILING: **REINSTATEMENT**

COST: **$560**

RETURN: **GOOD STANDING**

ACCOUNT: **FCA000000015**

AUTHORIZATION: ~~**ABBIE/PAUL HODGE**~~

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