

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

00 NOV -2 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L9910000091165

1. Limited Liability Company's Name

Gromitt L.L.C.

REINSTATEMENT 2050

2. Principal Office Address

1480 North Ocean Blvd.

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

USA

3. Mailing Office Address

c/o Clifford Chance Rogers & Wells LLP

Suite, Apt. #, etc.

Attn: John Dadakis, Esq.
200 Park Avenue

City & State

New York, NY

Zip

10166

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/23/99

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/2/2000

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	Leslie Bullock	63 Lisimore Lane	Greenwich, CT 06831
MGRM	Sterling Hamill	1480 North Ocean Blvd.	Palm Beach, FL 33480

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****155.00 ****155.00

JP
11/2/00

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

Leslie K. Bullock

Date 10/31/00

Daytime Phone (203) 629-2558

Typed or printed name of signing Managing Member/Manager

LESIE K. BULLOCK

Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please
type or
print
clearly.

1 Name of applicant (legal name) (see instructions) Gromitt L.L.C.	
2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name Leslie Bullock, Managing Member
4a Mailing address (street address) (room, apt., or suite no.) Clifford Chance et.al. 200 Park Ave.	
4b City, state, and ZIP code NY, NY 10166 Attn: J. Dadakis, Esq.	5a Business address (if different from address on lines 4a and 4b)
5b City, state, and ZIP code	
6 County and state where principal business is located	
7 Name of principal officer, general partner, grantor, owner, or trustee -- SSN or ITIN may be required (see inst.) ► Leslie Bullock, Managing Member (SSN. 221-30-5253)	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input checked="" type="checkbox"/> Other corporation (specify) ► LLC
<input type="checkbox"/> State/local government	<input type="checkbox"/> Trust
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) ►	

8b If a corporation, name the state or foreign country (if applicable) where incorporated Florida	State	Foreign country
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9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new busn. (specify type) ► LLC	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Created a trust (specify type) ►
	<input type="checkbox"/> Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions) 04/17/00	11 Closing month of accounting year (see instructions) December
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)	Nonagricultural	Agricultural	Household
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14 Principal activity (see instructions) ►

15 Is the principal business activity manufacturing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes," principal product and raw material used ►		

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►

17a Has the applicant ever applied for an employer identification number for this or any other business?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.		

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ►
Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, yr.)
City and state where filed
Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone no. (incl. area code)

212-878-3425

Fax telephone no. (include area code)

212-880-5602

Name and title (Please type or print clearly.) ► Leslie Bullock, Managing Member

Signature ► *Leslie Bullock*

Date ► 4/17/00

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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