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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2007 JUL -6 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000000252

CR2E041 (1/07)

1. Limited Liability Company's Name
Clubb GP LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1105 North Market Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1300			
City & State		City & State	
Wilmington, DE			
Zip	Country	Zip	Country
19899-8985	USA		

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business In Florida 1/30/2002

6. FEI Number 061625646 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
C T 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

☐ 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, hereby accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [signature] Tammy Hall Vice President Date 7/5/07

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
MGR	Antonio Cintra	9 Farm Springs Road	Farmington, CT 06032
MGR	Jon Martin	9 Farm Springs Road	Farmington, CT 06032
MGR	Michael Niemczura	9 Farm Springs Road	Farmington, CT 06032

REINSTATEMENT 06-07

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 608.408, 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 [signature] Date 6/25/07 Daytime Phone # 860-284-3198

Typed or printed name of signing Managing Member/Manager Jon Martin, Manager, Clubb GP LLC

FL110 - 1/17/07 CT System Online

Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

CHUBB GP LLC

Certificate of Status	0
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7/6/2007