


M02000000626

APPROVED AND FILED 777 1082 002

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03 NOV 21 AM 8:45

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M02000000626
Name and Mailing Address

0015422 01 NR 0.509 **AUTO 77 0 0816 10601-181108
GRP LOAN, LLC
360 HAMILTON AVE.
WHITE PLAINS NY 10601-1811

REINSTATEMENT



| | | | |
|---|--|--|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation DE | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 03/08/2002 | |
| Principal Place of Business 360 HAMILTON AVE. WHITE PLAINS NY 10607 | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number 13-4076356 | Applied For Not Applicable |
| | | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> | |

CR22084 (7/03)

| | | | |
|---|--|---|--|
| 8. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.
Signature of Registered Agent: **SIGNATURE REQUIRED** IDA BORDOUY, ASST. SECY Date: 11/21/03
REGISTERED AGENT MUST SIGN

| Title(s) | Name of Managing Member/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|----------|----------------------------------|--|-----------------------|
| MEMBER | BORDOUY, MICHAEL | 246 PARK AVE. | NEW YORK NY 10007 |
| MEMBER | WEST, LANCE | 380 HAMILTON AVE., 6TH FL | WHITE PLAINS NY 10601 |
| MEMBER | BORDOUY, NATALIE | 380 HAMILTON AVE., 6TH FL | WHITE PLAINS NY 10601 |
| | | | |
| | | | |

12. I certify that I am managing member/manager or the holder or trustee empowered to execute this application as provided for in chapter 808, 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: **SIGNATURE REQUIRED** Date: 11/7/03 Daytime Phone #: 914.397.7578
Typed or printed name of signing Managing Member/Manager: H03000322820 3

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

0438-21390

LIMITED LIABILITY REINSTATEMENT

GRP LOAN, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
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