M06000000730

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000256910 3)))

H07000256910 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 16 AM 8:31

LIMITED LIABILITY REINSTATEMENT

T II LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$155.00

RECEIVED
07 OCT 16 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JB

Amanda Booth Ext 2953 275535

Electronic Filing Menu Corporate Filing Menu Help

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 16 AM 8:31

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M06000000730

1. Limited Liability Company's Name

T II LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Lord Securities Corp.	c/o Curtis, Mallet-Prevost
Suite, Apt. #, etc.: 1201 N. Orange St. Suite 800	Suite, Apt. #, etc.: 101 Park Ave, Attn: JTM
City & State: Wilmington, Delaware	City & State: New York, New York
Zip: 19801-1159 Country:	Zip: 10178-0061 Country: New York

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 02/09/2006

6. FEI Number: 010757086 [X] Applied For [ ] Not Applicable

7. CERTIFICATE OF STATUS DESIRED [ ] $8.50 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

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 605, F.S.

Signature of Registered Agent: Amanda Roath As its agent Date: 10/16/2007

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
MGR	RBMA, Inc.	c/o Rabobank International	New York/New York/10167
		New York Branch	
		245 Park Avenue	
		Attn: Terance Mckay	

REINSTATEMENT 2007

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, F.S., and that all fees owed by the limited liability company have been paid. The information contained 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: 10/16/2007 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Terance Mckay [signature]