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FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M10000004546

1. Limited Liability Company's Name
N.E.S.V. II, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
4 Yawkey Way		4 Yawkey Way	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Boston, MA		Boston, MA	
Zip	Country	Zip	Country
02215	USA	02215	USA

4. State/Country of Formation: Delaware, USA

5. Date Organized or Qualified To Do Business In Florida: 10/14/10

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) Suite,
1200 South Pine Road

Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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: Stefania Rocco — REGISTERED AGENT MUST SIGN

Stefania Rocco
Vice President

Date 05/16/2016

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	John W. Henry	4 Yawkey Way	Boston, MA, 02215
MGRM	Thomas C. Werner	4 Yawkey Way	Boston, MA, 02215
AR	Greg Morris	4 Yawkey Way	Boston, MA, 02215
AR	Edward J. Weiss	4 Yawkey Way	Boston, MA, 02215
	REINSTATEMENT	MAY 16 2016	
		R. HUNT	

11. E-mail Address: mpetrillo@redsox.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: Edward Weiss — Date 04/25/16 — Daytime Phone # 617-226-6282

Typed or printed name of signing authorized representative/member: Ed Weiss

Florida Department of State
Division of Corporations
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MAY 16 2016
R. HUNT

LIMITED LIABILITY REINSTATEMENT
N.E.S.V. II, LLC

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