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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)	
DOCUMENT # M10000004546 1. Limited Liability Company's Name N.E.S.V. II, LLC					
2. Principal Office Address - No P.O. Box # 4 Yawkey Way		3. Mailing Office Address 4 Yawkey Way		4. State/Country of Formation Delaware, USA	
Bldg. Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/14/10	
City & State Boston, MA		City & State Boston, MA		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 02215	Country USA	Zip 02215	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 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 605, F.S. Signature of Registered Agent: <i>Stefania Rocco</i> Stefania Rocco Vice President Date: 05/16/2016 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	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					
<small>(To be used for future annual report notifications)</small>					
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 <i>Edward J. Weiss</i>		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. HUNY

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

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