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LIMITED LIABILITY REINSTATEMENT
VANIMP LLC

Certificate of Status	**0**
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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 # M11000001742

1. Limited Liability Company's Name
VANIMP LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Nutter McClennen & Fish LLP		c/o Nutter McClennen & Fish LLP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1471 Iyannough Road		1471 Iyannough Road	
City & State		City & State	
Hyannis, MA		Hyannis, MA	
Zip	Country	Zip	Country
02601	USA	02601	USA

4. State/Country of Formation
DELAWARE/ USA

6. Date Organized or Qualified To Do Business in Florida
4/6/11

6. FEI Number
27-3610127 ☐ 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
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, 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 Kenneth Voss - VP Date 11-12-15

REGISTERED AGENT MUST SIGN

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
Mgr	Matthew J. Bresette	1471 Iyannough Road	Hyannis, MA 02601

11. E-mail Address: MBresette@nutter.com
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager of the limited liability company or limited partnership 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Matthew J. Bresette Date 11/12/15 Daytime Phone # 508-790-5400

Typed or printed name of signing Authorized Representative/Manager Matthew J. Bresette

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M. WILLIAMS