


MA7000000716

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		99 JAN 21 PM 1:06	
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>					
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # MA7000000716</b>  Grand Cru Morning GP LLC c/o Emmes Asset Management Corp. 420 Lexington Avenue New York, NY 10170			1a. Principal Place of Business Address  Same as #1		
2. Principal Place of Business 420 Lexington Avenue Suite, Apt. #, etc. Suite 2702 City & State New York, NY Zip 10170 Country U.S.A.		2a. Mailing Address Same as #2 Suite, Apt. #, etc.  City & State  Zip  Country		3. Date Organized or Qualified October 30, 1997 4. FEI Number 13-3974429 5. Date of Last Report  3a. State of Formation New York <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  CSC 1201 Hays Street Tallahassee, FL 32301			8. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City FL Zip Code <b>FL</b>		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  Signature of Registered Agent _____ Date _____					
10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code		
MAN	Andrew Davidoff	420 Lexington Ave Suite 2702	NY, NY 10170		
MAN	Lawrence Davis	Same as above	SIGNATURE: 7015751-0 -02/09/98 -01124-000 ****688.75 ****688.75		
MAN	Gary Tischler	Same as above	REINSTATEMENT 1998		
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 _____ Date <b>12/11/98</b> Daytime Phone # <b>212-293-8400</b> Typed or printed name of signing Managing Member/Manager: <b>Gary Tischler, as Vice President</b>					