

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

FILED 15 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M99000001146

1. Limited Liability Company's Name

Grove Investments Series II LLC

**REINSTATEMENT**

2000-2001

2. Principal Office Address

2700 Tigertail Avenue

Suite, Apt. #, etc.

City & State

Coconut Grove, Florida

Zip

33133

Country

USA

3. Mailing Office Address

c/o McCann, Inc.

1271 Avenue of the Americas

Suite, Apt. #, etc.

40th Floor

City & State

New York, New York

Zip

10020

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

7/19/99

6. FEI Number

13-4069788

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

Darlene Serrano

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

2700 Tigertail Avenue

Suite, Apt. #, Etc.

City

Coconut Grove

State

FL

Zip Code

33133

000003818180-6

03/08/01-01013-003

\*\*\*1640.00 \*\*\*\*205.00

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

*Darlene Serrano*

REGISTERED AGENT MUST SIGN

Date February 13, 2001

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
MAN. MEM.	Bruce Fahey, MGRM	Bruce Fahey, Managing Member c/o McCann, Inc. 1271 Avenue of the Americas 40th Floor	New York, New York 10020

2501

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

*Bruce Fahey*

Date 2/13/01

Daytime Phone # 212-586-8000

Typed or printed name of signing Managing Member/Manager

BRUCE FAHEY, member

CR2E041 (9/00)