PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 17 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M99000001896

1. Limited Liability Company's Name
Praedium II ETP LLC

2. Principal Office Address	3. Mailing Office Address
c/o The Praedium Group, LLC	same as #2
Suite, Apt. #, etc.: 950 Third Ave., 18th Fl.	Suite, Apt. #, etc.:
City & State: New York, NY	City & State:
Zip: 10022 / Country: USA	Zip: / Country:

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: December 2, 1999

6. FEI Number: 13-4011504 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Laura R. Dunlap as its agent Date: 12/17/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MGRM	Praedium Opportunity Fund II,LP	950 Third Ave., 18th Fl.	New York, NY 10022

000009568540

REINSTATEMENT

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: [signature] Date: 12/16/02 Daytime Phone #: 212 224 5600

Typed or printed name of signing Managing Member/Manager: A. Floyd Lattin Vice President of General Partner of Managing Member

ACCOUNT NO. : 072100000032

REFERENCE : 860315 4348715

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 255.00

ORDER DATE : December 17, 2002

ORDER TIME : 2:33 PM

ORDER NO. : 860315-005

CUSTOMER NO: 4348715

CUSTOMER: Ms. Linda A. Williams
Wayne Lopkin, Esq.
295 Madison Avenue
38th Floor
New York, NY 10017-6304

REINSTATEMENT

NAME: PRAEDIUM II ETP LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore

EXAMINER'S INITIALS: _____