

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

M99000001896

FILED
05 JAN 21 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT #

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

04

APL

2. Principal Office Address

c/o Broadway Mgmt. Co., Inc.

Suite, Apt. #, etc.

80 Broad Street

City & State

New York, NY 10004

Zip

10022

Country

USA

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date 1/21/2005

REGISTERED AGENT MUST SIGN

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	Charwel TP LLC	80 Broad Street	New York, NY 10004
			200045189222

REINSTATEMENT

2004-2005

BK

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

Charles Herzka

Date 1/20/2005

Daytime Phone# 212-493-7015

Typed or printed name of signing Managing Member/Manager Charles Herzka, Executive Managing Member of the Managing Member

CR2E041 (9/01)



CORPORATION SERVICE COMPANY

M99000001896

ACCOUNT NO. : 072100000032

REFERENCE : 157545 4348715

AUTHORIZATION : *Patricia Pugh*

COST LIMIT : \$ 205.00

ORDER DATE : January 21, 2005

ORDER TIME : 4:0 PM

ORDER NO. : 157545-005

CUSTOMER NO: 4348715

CUSTOMER: Wayne M. Lopkin, Esq.
Law Offices Of Wayne M.
295 Madison Avenue
38th Floor
New York, NY 10017-6304

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REINSTATEMENT

NAME: PRAEDIUM II ETP LLC

265400004602

XX REINSTATEMENT

RECEIVED
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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS _____