FILED

2006 APR -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700069623887

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M02000001084

1. Limited Liability Company's Name
Draupnir Services, LLC

04

BK

CR2E041 (8/05)

2. Principal Office Address		3. Mailing Office Address	
515 N. State Street		515 N. State Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2650		Suite 2650	
City & State		City & State	
Chicago, IL		Chicago, IL	
Zip	Country	Zip	Country
60610	USA	60610	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: April 29, 2002

6. FEI Number: 01-0670990 ☐ 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: Cynthia L. Harris Cynthia L. Harris as its agent Date: 4/6/06
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
MGR	Draupnir, LLC	515 N. State Street, Suite 2650	Chicago, IL 60610

REINSTATEMENT 2004-2006

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 reasop 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: 4/5/06 Daytime Phone # 312-527-9636

Typed or printed name of signing Managing Member/Manager: Jeremy Hobbs, Manager of Draupnir, LLC, Manager of Draupnir Services, LLC

CORPORATION SERVICE COMPANY

M02 00000108 4

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TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 967758 4304312

AUTHORIZATION :

COST LIMIT : $ 250.00

ORDER DATE : April 6, 2006

ORDER TIME : 11:28 AM

ORDER NO. : 967758-015

CUSTOMER NO: 4304312

REINSTATEMENT

NAME: DRAUPNIR SERVICES, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____

RECEIVED
06 APR -6 PM 12:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA