PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

'15 APR 28 PM 2:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E001 (11/10)

DOCUMENT # F10000000817

1. Corporation Name

Marcus Evans Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
455 City Front Plaza Drive	455 City Front Plaza Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
9th Floor	9th Floor
City & State	City & State
Chicago, IL	Chicago, IL
Zip / Country	Zip / Country
60611	60611

4. Date Incorporated or Qualified To Do Business in Florida
02/17/2011

5. FEI Number
363745316 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. 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: 32301-2525

300272280863

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ (REGISTERED AGENT MUST SIGN)
Harry B. Davis
Asst. Vice President
Date: 4/27/15

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Steve Drago	455 City Front Plaza Drive, 9th Floor	Chicago, IL 60611
Treas.	Steve Drago	455 City Front Plaza Drive, 9th Floor	Chicago, IL 60611
Sec.	Ian Milne	101 Finsbury Pavement, 8th Floor	London EC2A 1RS, United Kingdom

REINSTATEMENT

10. E-mail Address: rkaufman@fischelkahn.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: _____ 4-15-15 312-540-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 603276 7274340

AUTHORIZATION : Lydia Cohen

COST LIMIT : $ 1350.00

ORDER DATE : April 24, 2015

ORDER TIME : 3:22 PM

ORDER NO. : 603276-005

CUSTOMER NO: 7274340

REINSTATEMENT

NAME: MARCUS EVANS INC.

RECEIVED
15 APR 27 PM 4:42
TO ACKNOWLEDGE SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Lydia Cohen

EXAMINER'S INITIALS _____