L03000040415

Florida Department of State

Division of Corporations
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Attn: Leslie
Please refile and backdate to 12/7/05
Thanks!

To:
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From:
Account Name : C T CORPORATION SYSTEM
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REINSTATEMENT 04-05

LIMITED LIABILITY REINSTATEMENT

12/9

DECOFIN LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$200.00

FILED
05 DEC -7 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

Electronic Filing Menu Corporate Filing Public Access Help

December 8, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DECOFIN LLC
ONE PRUDENTIAL PLAZA, SUITE 3600
130 EAST RANDOLPH DRIVE
CHICAGO, IL 60601

SUBJECT: DECOFIN LLC
REF: L03000040415

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Leslie Sellers
Document Specialist

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000040415

1. Limited Liability Company's Name
DeCofin LLC

REINSTATEMENT 04-05

CR2E041 (2/05)

2. Principal Office Address	3. Mailing Office Address
c/o Baker & McKenzie, LLP	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
130 E. Randolph #3500	
City & State	City & State
Chicago, IL: Attn: Sarah H. Winston	
Zip: 60601 Country: U.S.A	Zip: Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/21/03

6. FEI Number: Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System, 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Carrie Baker Date: 12/8/05

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
	Luca Ricci- MGRM	c/o Baker & McKenzie, 130 E. Randolph	Suite 3500, Chicago, IL 60601

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.0108, 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: Date: 12/7/05 Daytime Phone #: 312-861-8016

Typed or printed name of signing Managing Member/Manager: Luca Ricci