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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L03000040415

1. Limited Liability Company's Name
DeCofin LLC

2. Principal Office Address	3. Mailing Office Address
c/o Baker & McKenzie, LLP	same
Suite, Apt. #, etc. 130 E. Randolph #3500	Suite, Apt. #, etc.
City & State Chicago, IL; Attn: Sarah H. Winston	City & State
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 ☐ [illegible]

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 608, F.S.

Signature of Registered Agent: [signature] CONNIE BRYAN ASSISTANT SECRETARY Date ______

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	Luca Ricci- Sole member & manager	c/o Baker & McKenzie, 130 E. Randolph	Suite 3500, Chicago, IL. 60601

REINSTATEMENT 07

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 10/9/07 Daytime Phone # ______

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

Division of Corporations

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Florida Department of State

Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

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