

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 27 PM 2:12

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L05000031535

1. Limited Liability Company's Name

JADEN HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #
980 NORTH MICHIGAN AVENUE

3. Mailing Office Address
980 NORTH MICHIGAN AVENUE

Suite, Apt. #, etc.
SUITE 1400

Suite, Apt. #, etc.
SUITE 1400

City & State
CHICAGO IL

City & State
CHICAGO IL

Zip
60611

Country

Zip
60611

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida **3/30/2005**

6. FEI Number
043811421

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
S.M. David Stamps, III

Street Address (P.O. Box Number is Not Acceptable)
805 West Azeele Street

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33606

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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]

REGISTERED AGENT MUST SIGN

Date

11/29/07

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 | Rufus Williams | 980 NORTH MICHIGAN AVENUE SUITE 1400 | CHICAGO IL 60611 |
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REINSTATEMENT **2006-07**

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

11/21/07

Daytime Phone #

312-214-4919

Typed or printed name of signing Managing Member/Manager

Rufus Williams