

FILED

2006 APR -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100069623841

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000001083			
1. Limited Liability Company's Name Draupnir, LLC			
2. Principal Office Address 515 N. State Street Suite, Apt. #, etc. Suite 2650 City & State Chicago, IL Zip 60610		3. Mailing Office Address 515 N. State Street Suite, Apt. #, etc. Suite 2650 City & State Chicago, IL Zip 60610	
Country USA		Country USA	
4. State/Country of Formation Delaware			
5. Date Organized or Qualified To Do Business In Florida April 29, 2002			
6. FEI Number 30-0065790		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 <i>Cynthia L. Harris</i>		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	Jeremy Hobbs	515 N. State Street, Suite 2650	Chicago, IL 60610
MGR	Allen Petersen	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 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 <i>Jeremy W. Hobbs</i>		Date 4/5/06	Daytime Phone # 312-527-9636
Typed or printed name of signing Managing Member/Manager Jeremy W. Hobbs, Manager			

04

BK

CR2E041 (8/05)



CORPORATION SERVICE COMPANY

102 0000001083

ACCOUNT NO. : 072100000032

REFERENCE : 967758 4304312

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 250.00

ORDER DATE : April 6, 2006

ORDER TIME : 11:27 AM

ORDER NO. : 967758-010

CUSTOMER NO: 4304312

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: DRAUPNIR, LLC

[Signature]

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 12:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA