M04000000797

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 APR 12 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700070202877

CR2E041 (8/05)

DOCUMENT # M04000000797

1. Limited Liability Company's Name
Draupnir Florida, LLC

05

2. Principal Office Address		3. Mailing Office Address	
515 N. State Street		515 N. State Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2650		Suite 2650	
City & State		City & State	
Chicago, IL		Chicago, IL	
Zip	Country	Zip	Country
60610	USA	60610	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
February 26, 2004

6. FEI Number ☑ 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	State	Zip Code
Tallahassee	FL	32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the duties of Chapter 608, F.S.

Signature of Registered Agent Cynthia L. Harris as its agent 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	Draupnir, LLC	515 N. State Street, Suite 2650	Chicago, IL 60610

REINSTATEMENT 2005-2006

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 608.408, 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 4/5/06 Daytime Phone # 312-527-9636

Typed or printed name of signing Managing Member/Manager Jeremy Hobbs, Manager of Draupnir, LLC, Manager of Draupnir Services, LLC

CORPORATION SERVICE COMPANY

M04000000797

ACCOUNT NO. : 072100000032

REFERENCE : 967758 4304312

AUTHORIZATION :

COST LIMIT : $200.00

ORDER DATE : April 6, 2006

ORDER TIME : 10:47 AM

ORDER NO. : 967758-005

CUSTOMER NO: 4304312

FILED
2006 APR 12 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: DRAUPNIR FLORIDA, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS _____

RECEIVED
06 APR 12 PM 12:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA