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LIMITED LIABILITY REINSTATEMENT

DRAG MARKETING LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000002866

1. Limited Liability Company's Name

Drag Marketing LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1479 S Belcher Road		1479 S Belcher Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite E		Suite E	
City & State		City & State	
Largo, FL		Largo, FL	
Zip	Country	Zip	Country
33771	USA	33771	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 5-23-2006

6. FEI Number: 20-3504870 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

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

☒ 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: Kelly Sneddon — REGISTERED AGENT MUST SIGN — Kelly Sneddon Asst. Secretary — Date: 5/22/09

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
Member	Hudson Parent Holdings LLC	676 N Michigan, Suite 3900	Chicago, IL 60611
Manager	Abraham Grohman	4 Executive Blvd, Suite 301	Suffern, NY 10901

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: Abraham Grohman — Date: May 21, 2009 — Daytime Phone #: 845 221 3705

Typed or printed name of signing Managing Member/Manager: Abraham Grohman, Manager

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REINSTATEMENT 5-09 SBM