

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR 16 PM 2:13

DOCUMENT # M13000004571

1. Limited Liability Company's Name
DBSO BOB LLC

APPROPRIATE STATE
FEE ANALYSIS

04/16/15--01002--020 **377.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 1345 Ave. of the Americas		3. Mailing Office Address 1345 Ave. of the Americas	
Suite, Apt. #, etc. 46th Floor		Suite, Apt. #, etc. 46th Floor	
City & State New York, NY		City & State New York, NY	
Zip 11694	Country USA	Zip 11694	Country USA

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 7/19/2013	
6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

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

400271882304
04/16/15--01002--020 **377.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Connie Bryan Date 4/16/2015

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MANAGING MEMBER	Drawbridge Special Opportunities Fund LP	1345 Ave. of the Americas, 46th Floor	New York, NY 10105
REINSTATEMENT			
APR 16 2015			
R. HUNT			

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager _____ Date 4/15/15 Daytime Phone # 212-798-6100

Typed or printed name of signing Authorized Representative/Manager Marc K. Furstein, COO of Drawbridge Special Opportunities GP LLC, the GP of Drawbridge Special Opportunities Fund LP, its Manager.