PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 APR 13 PM 2:13

900312179709

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M14000001834

1. Limited Liability Company's Name
DBXRX Orlando LLC

2. Principal Office Address - No P.O. Box #
1345 Ave. of the Americas

Suite, Apt. #, etc.
46th Floor

City & State
New York, NY

Zip: 10105 Country: USA

3. Mailing Office Address
1345 Ave. of the Americas

Suite, Apt. #, etc.
46th Floor

City & State
New York, NY

Zip: 10105 Country: USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
3/19/14

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
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

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: Angel Shearer ~~Assistant Secretary~~ Date: 4/12/2018
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 FL	New York, NY 10105

REINSTATEMENT
2015 - 2018

11. E-mail Address: clawton@fortress.com
(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 605, 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: By: Drawbridge Special Opportunities Fund LP, By: Drawbridge Special Opportunities GP LLC, its general partner Date: 4/12/18 Daytime Phone #

Typed or printed name of signing Authorized Representative/ Manager: Jason Meyer, Authorized Signatory

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 4/13/2018

Acc#I20160000072

Name:	DBXRX Orlando LLC (DE)
Document #:	
Order #:	10927846

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 685.00

2018 APR 13 AM 11:03

Thank you!