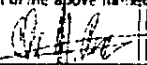
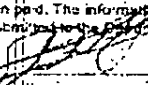


PLEASE READ ALL INSTRUCTIONS BEFORE

17 SEP 20 AM 8:05

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E041 (1/14)	
DOCUMENT # M15000007115					
1. Limited Liability Company's Name DAC Beachcroft LLC					
2. Principal Office Address - No P.O. Box # 100 Southeast Second Street		3. Mailing Office Address 100 Southeast Second Street		4. State/Country of Formation Delaware	
Suite, Apt. #, etc. Suite #3800		Suite, Apt. #, etc. Suite #3800		5. Date Organized or Qualified To Do Business in Florida September 8, 2015	
City & State Miami, FL		City & State Miami, FL		6. FEI Number 32-0473267	
Zip 33131	Country USA	Zip 33131	Country USA	7. ☐ CERTIFICATE OF STATUS DESIRED ☐ 15.00 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  Chris Rickard, Assistant Secretary Date 9-20-17 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Title	Name of Authorized Representative/Manager	Street Address of Each Authorized Representative/Manager	City / State / Zip		
Manager	David Egerton Pollitt	1 Minster Court Mincing Lane	London EC3R 7AA UK		
Manager	Gustavo Blanco Ruano	Paseo de Recoletos, 3, 6th Floor	Madrid 28004		
Manager	David James Gillard	1 Minster Court Mincing Lane	London EC3R 7AA UK		
11. E-mail Address: stullenberg@dacbeachcroft.com with cc to gblanco@dacbeachcroft.com and aspeight@dacbeachcroft.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 605.6012, 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 9/19/2017 Daytime Phone # (305) 202.3574 Typed or printed name of signing Authorized Representative/Manager: Sascha Stullenberg					

9/20/2017

Division of Corporations

Florida Department of State
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**LIMITED LIABILITY REINSTATEMENT
DAC BEACHCROFT LLC**

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