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 #		3. Mailing Office Address	
100 Southeast Second Street		100 Southeast Second Street	
Suite, Apt. #, etc.		Suite, Apt #, etc.	
Suite #3800		Suite #3800	
City & State		City & State	
Miami, FL		Miami, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
September 8, 2015

6. FEI Number
32-0473267

☐ 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	State	Zip Code
Plantation	FL	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 [signature] Chris Rickard,, Assistant Secretary Date 9-20-17

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
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: sstullenberg@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 605.0112, 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 [signature] Date 9/19/2017 Daytime Phone # (305) 202.3571

Typed or printed name of signing Authorized Representative/Manager: Sascha Stullenberg

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

DAC BEACHCROFT LLC

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