PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS
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1. Limited Liability Company's Name
LANCEBAY, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
500 West Monroe ST	292 Long Ridge Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chicago, IL	City & State: Stamford, CT
Zip: 60661 Country: USA	Zip: 06927 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business In Florida: 04/29/1999

6. FEI Number: NA ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 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

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: [signature] LAUREN H. KREATZ, REGISTERED AGENT/VICE PRESIDENT/ASSISTANT SECRETARY Date: 11/28/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Carl Jacobson	500 W Monroe	Chicago, IL 60661

REINSTATEMENT 2005-2006
DB

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 608.406, 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: [signature] Date: 11/17/06 Daytime Phone #: 312-441-6111

Typed or printed name of signing Managing Member/Manager: Carl Jacobson

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

LANCEBAY, LLC

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