1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 29 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # U02706

1. Corporation Name

BMJ BROG, Inc.

2. Principal Office Address		3. Mailing Office Address	
5215 Old Orchard Road		5215 Old Orchard Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 850		Sulite 850	
City & State		City & State	
Skokie, Illinois		Skokie, Illinois	
Zip	Country	Zip	Country
60077	U.S.A	60077	U.S.A.

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida: March 9, 1971

5. FEI Number: 6[illegible]5-0676079 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

600003517046--7

Suite, Apt. #, Etc.:

City: Tallahassee, State: FL Zip Code: 32301-2525UA

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Laura R. Dunlap **Laura R. Dunlap as its agent** Date: 12/29/00

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Charles Sweet	5212 Old Orchard Road, Suite 850	Skokie, Illinois 60077
V/S/D	Neil Luria	5212 Old Orchard Road, Suite 850	Skokie, Illinois 60077

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Neil Luria, [illegible] Secretary 12/6/00 KE (847) 583-1618

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 10/05/00 C T System Online

2 OF 2

File 1st

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 947937 4306193

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 750.00

ORDER DATE : December 28, 2000

ORDER TIME : 10:48 AM

ORDER NO. : 947937-005

CUSTOMER NO: 4306193

CUSTOMER: Ms. Halina Logay
Katten Muchin Zavis
525 West Monroe Street
Suite #1600
Chicago, IL 60661-3693

DOMESTIC FILINGS

NAME: BMJ BROG, INC.

RECEIVED
00 DEC 29 AM 11:34
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight EXT: 1156

EXAMINER'S INITIALS _____