PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 APPLICATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F01000005127

1. Corporation Name

FILED

02 NOV 13 PM 5: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA

PROVIDENCE MANAGEMENT AND DEVELOPMENT COMPANY, I NCORPORATED

Principal Place of Business

16250 PRINCE DRIVE SOUTH HOLLAND IL 60473

60477

Country

USA

Mailing Address

16250 PRINCE DRIVE SOUTH HOLLAND IL 60473 REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 18601 North Creek Drive 18601 North Creek Drive Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Tinley Park, IL Park, IL

Zip

Date Incorporated or Qualified To Do Business in Florida

09/26/2001

5. FEI Number

6.

36-3774205

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED IX

\$8.75 Additional Fee required for a Certificate of Status

60477 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
¢ P	DEVRIES, MARVIN- Folkerts, Peter	9933 S. TRUMBULL 551 Kenda11	EVERGREEN PARK IL 60805 Elmhurst, IL 60126
D T	NELSON, KURT	14436 ASHLEY COURT	ORLAND PARK IL 60462
D	VAN DRUNEN, MARK- Hoekstra, John	ONE WINDSOR DRIVE 9206 W 175th Street	OAK BROOK IL 60521 Tinley Park, IL 60477
τc	VOS, DON	O SOUTH 731 PROSPECT	ELMHURST IL 60126
P	SCHUTT, RICHARD	434 SHADOW CREEK DRIVE	PALOS HEIGHTS IL 60462
D _S	WIGBOLDY, JOHN	11 FOX LANE	PALOS PARK IL 60464

Country

USA

8. Name and Address of Current Registered Agent

MARIAN PEARLMAN NEASE, ESQ.

BOCA RATON FL 33431

2500 N. MILITARY TRAIL, SUITE 480

Name

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

Suite, Apt. #, Etc.

ANNA8946386

9. Name and Address of New Registered Agent

13/02--01/07--003

**758.75

City

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of

11.1 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 filling 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.

Schutt, President 11/1/02 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

708-342-8100 Daytime Phone #

(802) CR2E040

В

BUCKINGHAM, DOOLITTLE & BURROUGHS, LLP

Attorneys & Counselors at Law

2500 North Military Trail Suite 480 Boca Raton, FL 33431 561.241.0414 Toll-Free 800.682.2825 Fax 561.241.9766 www.bdblaw.com

Akron Boca Raton Canton Cleveland Columbus

November 6, 2002

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Division of Corporation
Annual Report/Reinstatement Section
P.O. Box 6327

Tallahassee, FL 32314-6327

Re

Providence Management and Development Company, Incorporated

FEI Number: 36-3774205

Dear Sir or Madam:

Enclosed is an Application for Reinstatement together with a check in the amount of \$758.75 for the filing fees. Please stamp and return the enclosed copy for our records.

Very truly yours,

MARIAN PEARLMAN NEASE

Enclosure