PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Suite, Apt. #, etc. 9th Floor 9th Floor City & State Chicago II Suite, Apt. #, etc. 9th Floor 9th Floor 6/28/1896 5. FEI Number	O3-04 900. 00 Applied For Not Applicable
223 W Jackson Blvd 223 W Jackson Blvd 05/21/0401084006 ***S Suite, Apt. #, etc. 9th Floor 4. Date Incorporated or Qualified To Do Business in Florida 6/28/1896 City & State City & State 5. FEI Number	900. ()() Applied For
9th Floor 9th Floor 9th Floor City & State Chicago II Chicago II State Chicago II Chicago II State Chicago II	+ ``
City & State Chicago II Chicago II Chicago II	+ ``
36-1466140	Not Applicable
Zip Country Zip Country 6. CEDITION OF STATUS DESIDED TO \$8.75 Additional Country	ional Fee required
7. Name and Address of Current Registered Agent Name CT Corporation System	mode of Others
Street Address (P.O. Box Number is Not Acceptable) 1200 S.Pine Island Road Suite, Apt. #, Etc. City Plantation State FL 33324 8. I, being appointed the egistered agent of the above named convoration, am familiar with an second State Secretary Registered Agent Date 5/9/04	CR2E081 (01/04)
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 Officer and/or Directors Officer and/or Directors Officer and/or Directors Officer and/or Director City / State / Zip	
P/D Daniel F. Burtis 223 W Jackson Blvd, 9th floor Chicago, IL 60606	
ST D Edwin S. Burtis 223 W Jackson Blvd, 9th floor Chicago, IL 60606	
10. I certify that 1 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 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. 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 is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone	, that all fees nation indicated