PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUL 17 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # F99000001048

1. Corporation Name
Treasures General Partner, Inc.

2. Principal Office Address	3. Mailing Office Address
1200 N. Ashland	1200 N. Ashland
Suite, Apt #, etc. Suite 522	Suite, Apt #, etc. Suite 522
City & State Chicago, IL	City & State Chicago, IL
Zip 60622 Country USA	Zip 60622 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 2/24/99

5. FEI Number 75-2804927 Applied For / Not Applicable

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

7. 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 REINSTATEMENT State FL Zip Code 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0509, F.S.

Signature of Registered Agent Connie Bryan Connie Bryan Special Asst. Sec. REGISTERED AGENT MUST SIGN Date 7-16-02

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	David L. Husman	1200 N. Ashland, Suite 522	Chicago, IL 60622
D, VP	Edward A. Carlson	1996 S. Kirk Road, Suite 320	Geneva, IL 60130
S	Michael W. Husman	1200 N. Ashland, Suite 522	Chicago, IL 60622
D	Mark A. Ferrucci	1209 Orange Street	Wilmington, DE 19891
AS	Thomas F. Brett, II	3500 Three First Nat'l Plaza	Chicago, IL 60602

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: [signature] 7/9/02 773/489-7600

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

DAVID L. HUSMAN

FL010-09 1601 CT System Online