

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L01000007555**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -7 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **L01000007555**

1. Limited Liability Company's Name

**9195 SURFSIDE, LLC**

**MJH**

2. Principal Office Address

**1212 N LASALLE**

Suite, Apt. #, etc.

**SUITE 110**

City & State

**CHICAGO, IL**

Zip

**60610**

Country

**U.S.**

3. Mailing Office Address

**1212 N LASALLE**

Suite, Apt. #, etc.

**SUITE 110**

City & State

**CHICAGO, IL**

Zip

**60610**

Country

**U.S.**

**117 2002-2003**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified To Do Business in Florida

**5-14-01**

6. FEI Number

**36-4443463**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

**CT CORPORATION SYSTEM**

**600010167366**

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

**1200 SOUTH PINE ISLAND ROAD**

**01/16/03--01072--002 \*\*200.00**

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

**J M. Halpin**

**James M. Halpin**  
Assistant Secretary

Date

**1/6/03**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>MGRM</b>	<b>9195 SURFSIDE MEMBERS, LLC</b>	<b>1212 N LASALLE, 110</b>	<b>CHICAGO, IL 60610</b>
<b>M</b>	<b>9195 SURFSIDE CONSULTANTS, INC</b>	<b>1212 N LASALLE, 110</b>	<b>CHICAGO, IL 60610</b>

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

**Anthony R. DiBenedetto**

Date **12-31-02**

Daytime Phone # **312-595-4714**

Typed or printed name of signing Managing Member/Manager

**ANTHONY R. DiBENEDETTO, SECRETARY OF MANAGER**

CR2E041 (9/01)