PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY Division of corporations			AAL e ö	FILED 09 JAN 13 AM 11: 12	
DOCUMENT # LOS 60056043 1. Limited Liability Company's Name				SECRETARY OF STATE	
JOHNSON WINNETHA, LL C					
2. Principal Office Address - No P.O. Box #	3. Mailing Office	3. Mailing Office Address		CR2E041 (10/08)	
123 NORTH WACKIE Drive		1330 ASOURY AVENUE		4. State/Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FLOQIDA B. Data Consisted or Qualified	
Suite 1950				5. Date Organized or Qualified To Do Business in Florida 06/03/05	
CHILAGO, IL		WINNETKA, IL		6. FEI Number Applied For Not Applicable	
6 0606 Country	60093	Country U.S.	7. CERTIFICATI	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Kelly, CHARLES	•		 A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived. 		
Street Address (P.O. Box Number is Not Acceptable) 2310 [AMIAMI TEXIL NOATH					receiv
Suite Ant # Etc					
Suite State Zip Code					
Naples		FL 34/03			
9. I, being appointed the registered agent of the ab	ove named timited lia	bility company, am familiar with	and accept the obliga	tions of Chapter 608, F.S.	
Signature of Registered Agent Date 1-6-69 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	
MGRM BLAKE R. Jos	4450~	1330 Asbury Avenue		WINNETRA, IL 60093	
				D14U19U245 0901038028 **655.00	
REINSTATEMENTOGO D					
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					
Typed or printed name of signing Managing Member/Manager BLAKE R. Johnson					