▼ PLEASE READ	ALL INSTRUCTIONS BEFORE	me tallem	100
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT, OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	OINOVIL P SEGRETARY O TATUAHASSEE	PM 2: 42 DE STATE
DOCUMENT # M00000000000000000000000000000000000	(GMO), LLC	CENSTATERE	4
Principal Office Address	3. Mailing Office Address		
919 N. Michigan Ave.	919 NamMichigan Ave.	4. State/Country of Formation	
uite, Apt. #, etc.	Suite, Apt. #, etc.	Delaware	
Suite 1500	Suite:1500	5. Date Organized or Qualified To Do Business in Florida 12/30/	99
tity & State	City & State	6. FEI Number	Applied For
Chicago, Illinois	Chicago, Illinois		X Not Applicable
60611 Country USA	Zip Country USA	CERTIFICATE OF STATUS DESIREDX	D Additional Feoregular The Cartille of Section 2015
	8. Name and Address of Current Regis		
Name Corporation	n Service Company		
Street Address (P.O. Box Number is I	THE TAX AND ADDRESS OF THE PARTY OF THE PART	,	
1201 Hays S Suite, Apt. #, Etc.	Street		
Tal			Ì
City — Tallahassee			1
I, being appointed the registered agent of the at	bove named limited liability company, am familiar with a	and accept the obligations of Chapter 608, F.S.	(9/01)
ignature of egistered Agent	Deborah Description Asst. Ser	D-Skipper Date 11-14-01	CR2E041 (9/01
O. Names and Street Addresses of Managing Me		MOUTY	
Titles Name of Managing Members/Managing	Street Address of Ea Managing Member/Ma	ach City / Stat	e / Żip
MGR JRC Lakeside, Inc.	919 N. Michigan Ave	re., #1500 Chicago, IL 60	611
		300004679	
		0000040 (3	. E-chuc
			ļ

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 lave been points in the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

IRC I about 100.

Date 10/19/01 Daytime Phone # (312) 642-6000

Andrew W. Agostini, President of JRC Lakeside, Inc.

JRC Lak

Typed or printed name of signing Managing Member/Manager

Signature of Manager By



ACCOUNT NO. : 072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 150.00

ORDER DATE: November 13, 2001

ORDER TIME : 11:43 AM

ORDER NO. : 407287-045

CUSTOMER NO:

4392457

CUSTOMER: Ms. Leona Lacki,

Jupiter Realty Corporation 919 North Michigan Avenue

Suite 1500

Chicago, IL 60611

REINSTATEMENT

NAME:

JRC LAKESIDE PROPERTY (GMO),

XX	REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS