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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Florida Secretary of State
 DIVISION OF CORPORATIONS

M00000001712

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC 26 PM 2:12

1. DOCUMENT # M00000001712
Name and Mailing Address

0016478 01 MB 0.309 **AUTO TO 0 0615 60077-321141

ASSET RECOVERY CONTRACTING LLC
 5441 FARGO AVE.
 SKOKIE IL 60077-3211



2. New Mailing Address		4. State/Country of Formation IL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/21/2000	
Principal Place of Business 5441 FARGO AVE. SKOKIE IL 60077	3. New Principal Place of Business Address		6. FEI Number 36-4116284
	City, State, Zip		Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name C T Corporation System	
		Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
		City Tallahassee FL 32324	

10. 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 SIGNATURE REQUIRED James M. Halpin Date 12/23/03
 REGISTERED AGENT MUST SIGN Assistant Secretary

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HOFFMAN, DANIEL A III	5441 FARGO AVE.	SKOKIE IL 60077

200025165222
12/02/03--01061--010 **150.00

2003

REINSTATEMENT

12/26/03

12. 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 provided 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 SIGNATURE REQUIRED Date 10-30-03 Daytime Phone # 773-908-3001

Typed or printed name of signing Managing Member/Manager

CR2ECB4 (7/03)