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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 MAR 16 AM 10:40

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**

1. DOCUMENT # M02000000457

Name and Mailing Address

0016573 01 MB 0.309 **AUTO T1 0 0615 60712-269499



EMPIRE HOME SERVICES, LLC
7045 N. RIDGEWAY AVE.
LINCOLNWOOD IL 60712-2694



2. New Mailing Address 333 Northwest Ave City, State, Zip Northlake, IL 60164		4. State/Country of Formation DE	
Principal Place of Business 7045 N. RIDGEWAY AVE. LINCOLNWOOD IL 60645		5. Date Organized or Qualified To Do Business in Florida 02/21/2002	
3. New Principal Place of Business Address 333 Northwest Ave. City, State, Zip Northlake, IL 60164		6. FEI Number 36-4281606	
		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) N/A City FL Zip Code	
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 <u><i>James M. Halpin</i></u> James M. Halpin Assistant Secretary Date <u><i>2/4/04</i></u>			
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
MGR	STOKES, CHRIS	153 EAST 53RD ST., 49TH FLOOR	NEW YORK NY 10002
MGR	ELENOWITZ, DAVID	153 EAST 53RD ST., 49TH FLOOR	NEW YORK NY 10002
300030584733 03/16/04--01105--025 **200.00			
REINSTATEMENT 2003-0402			
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 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 <u><i>James M. Halpin</i></u> SIGNATURE REQUIRED Date <u><i>2/3/04</i></u> Daytime Phone # <u><i>(847) 583-3010</i></u>			
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)