


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000047928 1. Entity Name 9195 SURFSIDE CONSULTANTS, INC.			FILED 06 NOV 28 2006 4:36 SEC TALLAHASSEE
Principal Place of Business 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 US		Mailing Address 1212 NORTH LASALLE SUITE 110 CHICAGO, IL 60610 US	
2. Principal Place of Business 1030 North Clark Street Suite, Apt. #, etc. Suite 300		3. Mailing Address 1030 North Clark Street Suite, Apt. #, etc. Suite 300	
City & State Chicago IL		City & State Chicago IL	
Zip 60610		Zip 60610	
Country USA		Country USA	
4. FEI Number 36-4443454		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME GOULETAS, NICHOLAS S STREET ADDRESS 1212 NORTH LASALLE SUITE 110 CITY-ST-ZIP CHICAGO, IL 60610	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1030 N. Clark Street, Suite 300 CITY-ST-ZIP Chicago IL 60610	TITLE DP <input type="checkbox"/> Delete NAME GOULETAS, STEVEN STREET ADDRESS 1212 NORTH LASALLE SUITE 110 CITY-ST-ZIP CHICAGO, IL 60610	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1030 N. Clark Street, Suite 300 CITY-ST-ZIP Chicago IL 60610
TITLE V <input type="checkbox"/> Delete NAME CADDEN, JOHN STREET ADDRESS 1212 NORTH LASALLE SUITE 110 CITY-ST-ZIP CHICAGO, IL 60610	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1030 North Clark Street, Suite 300 CITY-ST-ZIP Chicago IL 60610	TITLE S <input type="checkbox"/> Delete NAME DIBENEDETTO, ANTHONY R STREET ADDRESS 1212 NORTH LASALLE SUITE 110 CITY-ST-ZIP CHICAGO, IL 60610	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1030 North Clark Street, Suite 300 CITY-ST-ZIP Chicago IL 60610
TITLE T <input type="checkbox"/> Delete NAME SCHWARK, JAMES STREET ADDRESS 1212 NORTH LASALLE SUITE 110 CITY-ST-ZIP CHICAGO, IL 60610	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1030 North Clark Street, Suite 300 CITY-ST-ZIP Chicago IL 60610	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 100082105351 CITY-ST-ZIP 11/28/06--01049--020 **158.75
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Anthony R. Di Benedetto, Secretary</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>11-14-06</u>	Daytime Phone # <u>312-595-4714</u>