

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000007555

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -7 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L01000007555

1. Limited Liability Company's Name

9195 SURFSIDE, LLC

MJH

2. Principal Office Address

1212 N LASALLE

Suite, Apt. #, etc.

SUITE 110

City & State

CHICAGO, IL

Zip

60610

Country

U.S.

3. Mailing Office Address

1212 N LASALLE

Suite, Apt. #, etc.

SUITE 110

City & State

CHICAGO, IL

Zip

60610

Country

U.S.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

5-14-01

6. FEI Number

36-4443463

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

1/7 2002-2003

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

600010167366

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

01/16/03--01072--002 \*\*200.00

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. 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

J M. Halpin

James M. Halpin  
Assistant Secretary

Date

1/6/03

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	9195 SURFSIDE MEMBERS, LLC	1212 N LASALLE, 110	CHICAGO, IL 60610
M	9195 SURFSIDE CONSULTANTS, INC	1212 N LASALLE, 110	CHICAGO, IL 60610

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

Anthony R. DiBenedetto

Date 12-31-02

Daytime Phone# 312-595-4714

Typed or printed name of signing Managing Member/Manager

ANTHONY R. DiBENEDETTO, SECRETARY OF MANAGER

CR2E041 (9/01)