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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

99 FEB 23 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # 270274

LRA GROUP, INC.
321 North Clark Street, Suite 3400
Chicago, IL 60610

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		6.
05/24/63	59-1008857	FEI Number Applied For FEI Number Not Applicable	$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED X

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	Kossoff, Stanley	11111 Biscayne Blvd.,Apt.1951	Miami, FL 32161
S/D	Rubin, Georgette (a/k/a Kossoff, Georgette)	4823 Fisher Island Drive	Fisher Island, FL 33109

REINSTATEMENT 98-04

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-02/23/99--01072--009
*****508.75 *****508.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City State: FL. Zip

10. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent By: CT Corporation System Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date 2-22-99

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this re-instatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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 Officer or Director: PRES Date 2/18/99 Daytime Phone # 305-891-3077

Typed or printed name of signing officer or director: Stanley Kossoff

CR2E040 (8-92)