FILED

10 SEP 13 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS E

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600185321056

CR2E081 (6/10)

DOCUMENT # 543799

1. Corporation Name
Sunstates Realty Group, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
150 N. Wacker Drive		150 N. Wacker Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1400		1400	
City & State		City & State	
Chicago, Illinois		Chicago, Illinois	
Zip	Country	Zip	Country
60606	USA	60606	USA

4. Date Incorporated or Qualified To Do Business In Florida 8/24/1977

5. FEI Number 59-1766299 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Stroot

Suite, Apt. #, Etc.:

City	State	Zip Code
Tallahassee	FL	32301

REINSTATEMENT
2002-2010

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Date: 9/13/10
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Clyde W. M. Engle	4433 W. Touhy	Lincolnwood, Illinois 60712
S	Siobahn Engle	4433 W. Touhy	Lincolnwood, Illinois 60712

10. E-mail Address: CLYDEENGLE@AOL.COM
(To be used for future annual report notification)

11. 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 reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: [signature] CLYDE W. ENGLE August ,2010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXHIBIT G

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 506694 4375419

AUTHORIZATION

COST LIMIT : $ 1350.00

ORDER DATE : September 13, 2010

ORDER TIME : 9:21 AM

ORDER NO. : 506694-005

CUSTOMER NO: 4375419

---

10 SEP 13 AM 10:56

DOMESTIC FILINGS

NAME: SUNSTATES REALTY GROUP, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext# 2949

EXAMINER'S INITIALS _____