

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 DEC 16 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/17/97--01093--010  
\*\*\*\*750.00 \*\*\*\*750.00

DOCUMENT # 565923

1. Corporation Name  
Hi Grade Enterprises, Inc.

Principal Place of Business	Mailing Address
240 N.E. 71st St. Miami, FL 33138-5528	825 Greenbay Road Suite 200 Wilmette, IL 60091

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida 9/30/1960	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1886642	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	

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	Daniel O'Connell	825 Greenbay Road-Suite 200	Wilmette, IL 60091
VP-D	Peter F. Dolan	825 Greenbay Road-Suite 200	Wilmette, IL 60091
S	Patrick Langan	825 Greenbay Road-Suite 200	Wilmette, IL 60091
D	Noel Cawley	825 Greenbay Road-Suite 200	Wilmette, IL 60091

**REINSTATEMENT** *ahb 12/16/97*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am hereby signing and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent: Conrad Brown SPECIAL ASSISTANT SECRETARY Date: 12-16-97  
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on the application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Patrick Langan Patrick Langan Date: 12/12/97 (813) 256 8289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR