

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 APR -1 PM 2:33

DOCUMENT # **838458**

1. Corporation Name

MARSHALL AND STEVENS INCORPORATED

200005282652--4
 -04/16/02--01059--002
 ****900.00 ****900.00

Principal Place of Business

Mailing Address

~~707 WILSHIRE BLVD
 5200
 LOS ANGELES CA 90017
 US~~

1011 B TOUHY AVENUE
 SUITE 400
 DES PLAINES IL 60018
 US



REINSTATEMENT 01-02

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

2. New Principal Office Address, If Applicable
707 WILSHIRE BLVD.

3. New Mailing Office Address, If Applicable
707 WILSHIRE BLVD

4. Date Incorporated or Qualified To Do Business in Florida

05/19/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-2919252

Applied For

City & State

City & State

Not Applicable

~~LOS ANGELES, CA 90017~~

~~LOS ANGELES, CA 90017~~

Zip Country
90017 USA

Zip Country
90017 USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	4 City / State / Zip
PCEO	SANTARSIERO, M.W.	707 WILSHIRE BLVD 5200 WILSHIRE	LOS ANGELES CA 90017
EVPD	ATKINS, MERLE	1700 MARKET STR #1510	PHILADELPHIA PA 19103
COBD	KERSLAKE, R	707 WILSHIRE BLVD SUITE 5200 WILSHIRE	LOS ANGELES CA 90017
EVPD	THOMAS, FRED	707 WILSHIRE BLVD 5200 WILSHIRE	LOS ANGELES CA 90017
EVP	Spude, John	1101 E. Touhy Ave. S. 400	Des Plaines, IL 60018
VPI CFO	Craig, Paul	707 WILSHIRE BLVD. S. 5200	LOS ANGELES, CA 90017

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

Handwritten signature

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

Handwritten signature
SIGNATURE REQUIRED
TARA COFER
ASSISTANT SECRETARY
 REGISTERED AGENT MUST SIGN

Date

3/27/02

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *Handwritten signature*
SIGNATURE REQUIRED
Craig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/2002 (213) 612-8000
 Date Daytime Phone #

CR2E040 (801)