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CT CORP

APPROVED AND FILED
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 05 NOV - 2 PM 1:27

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 841715			
1. Corporation Name Tilden Financial Corp			
2. Principal Office Address 3000 Lakeside, Suite 2000 Bannockburn, IL 60015 Suite, Apt. #, etc. Suite 2000 City & State Bannockburn, IL Zip Country 60015 Lake		3. Mailing Office Address 3000 Lakeside Drive, Suite 2000 Bannockburn, IL 60015 Suite, Apt. #, etc. Suite 2000 City & State Bannockburn, IL Zip Country 60015 Lake	

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 0405

4. Date Incorporated or Qualified To Do Business in Florida 10/25/1978	Applied For Not Applicable
5. FEI Number 116031467	CERTIFICATE OF STATUS DESIRED

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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0503, F.S.			
Signature of Registered Agent Lauren Froman		Date 10/31/05	
REGISTERED AGENT Assistant Secretary			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Steven J. Toenischke	10 River View Drive	Danbury, CT 06810
VP/D	Phillip B. Clark	3000 Lakeside Drive Suite 2000	Bannockburn, IL 60015
Sec	Joseph Cistulli	10 River View Drive	Danbury, CT 06810
Asst. Sec	Kathryn A. Bogdanowicz	3000 Lakeside Drive Suite 2000	Bannockburn, IL 60015
10. 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: 		Date 10/24/2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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CORPORATION REINSTATEMENT

TILDEN FINANCIAL CORP.

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