

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

A18759

03 OCT 24 PM 4:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A18759

1. Name of Limited Partnership

The Savings Group, L.P.

9/26/07

2. Principal Office Address
6192 Via Venetia North

Suite, Apt. #, etc.

3. Mailing Office Address
6192 Via Venetia North

Suite, Apt. #, etc.

City & State
Delray Beach, FL

City & State
Delray Beach, FL

Zip Country
33484 USA

Zip Country
33484 USA

4. Date Formed or Registered -
To Do Business in Florida 1/02/1985

5. FEI Number
36-3297158

Applied For
Not Applicable

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

7a. Capital Contributions as shown on Record: \$1,000

7b. Amount of Capital Contributions in FLORIDA to date:
\$1,000

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
 - 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
 - 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
- Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8. Name and Address of Current Registered Agent

Name
Opper, Ronald B.

Street Address (P.O. Box Number is Not Acceptable)
6192 Via Venetia North

Suite, Apt. #, Etc.

City State Zip Code
Delray Beach FL 33484

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

J.T.H., Inc.

1419 Lake Cook Rd.
#444

Deerfield, IL 60015

P25049

200024089932

REINSTATEMENT 2003

Rh

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Ronald B. Oppen

DATE

10/16/03

Typed or Printed Name of General Partner Signing Form

Ronald B. Oppen, President of
J.T.H., Inc., General Partner

Telephone Number

201 715 1660

CR2E039 (10/02)



CORPORATION SERVICE COMPANY

A18759

ACCOUNT NO. : 072100000032

REFERENCE : 287197 4802844

AUTHORIZATION :

Patricia Kyte

COST LIMIT : \$ 641.25

ORDER DATE : October 20, 2003

ORDER TIME : 11:16 AM

ORDER NO. : 287197-010

CUSTOMER NO: 4802844

CUSTOMER: Karen Mcelligatt
Neal Gerber & Eisenberg LLP
Suite 2200
Two North Lasalle Street
Chicago, IL 60602

*The Registered agent
failed to sign this but.
The client wants an
official state rejection.
Thanks*

REINSTATEMENT

NAME: THE SAVINGS GROUP, L.P.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS

RECEIVED
03 OCT 24 PM 12:41
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
03 OCT 24 PM 4:00
TALLAHASSEE, FLORIDA