PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION: **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

F01000004359 DOCUMENT #

1. Corporation Name

EXSIF WORLDWIDE, INC.

Principal Place of Business

Mailing Address

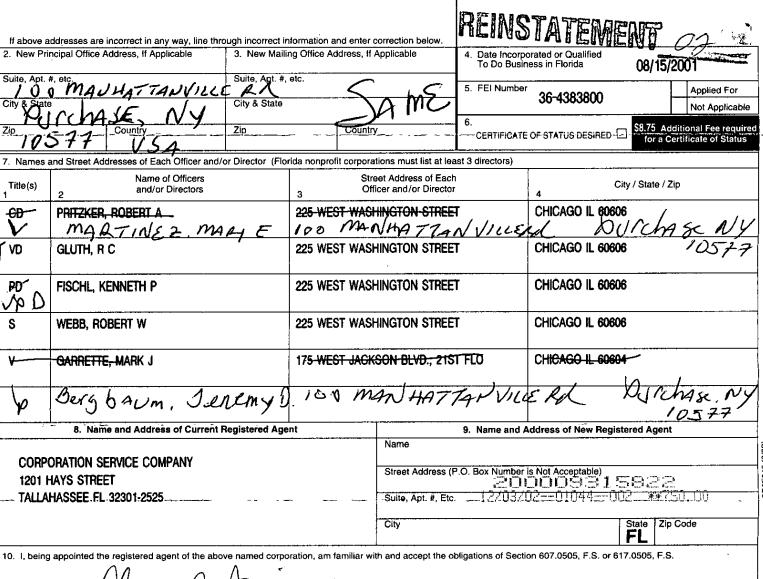
175 WEST JACKSON BLVD., 21ST FLOOR CHICAGO IL 60604

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CHICAGO IL 60604



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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.

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 filling 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

Signature of

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR