

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 DEC 23 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000004359

1. Corporation Name

EXSIF WORLDWIDE, INC.

Principal Place of Business

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

Mailing Address

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

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

Suite, Apt. #, etc.

100 MANHATTANVILLE RD

Suite, Apt. #, etc.

City & State

PURCHASE, NY

Zip

10577 USA

Zip

Country

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2001

5. FEI Number

36-4383800

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD V	PRITZKER, ROBERT A MARTINEZ, MARY E	225 WEST WASHINGTON STREET 100 MANHATTANVILLE RD	CHICAGO IL 60606 PURCHASE NY
TV D	GLUTH, R C	225 WEST WASHINGTON STREET	CHICAGO IL 60606 10577
PD V D	FISCHL, KENNETH P	225 WEST WASHINGTON STREET	CHICAGO IL 60606
S	WEBB, ROBERT W	225 WEST WASHINGTON STREET	CHICAGO IL 60606
V	GARRETTE, MARK J	175 WEST JACKSON BLVD., 21ST FLO	CHICAGO IL 60604
V	Bergbaum, Jeremy D.	100 MANHATTANVILLE RD	PURCHASE, NY 10577

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

200009315822

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

12/20/02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED
MARTINEZ E. MARTINEZ

Date

Daytime Phone #

CR20040 (8/02)