2006 FOR PROFIT CORPORATION REINSTATEMENT

06 OCT 16 PM 3:35

DOCUMENT # F92000000867

1. Entity Name
LUNT REALTY AND INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
6900 MCCORMICK BLVD LINCOLNWOOD, IL 60645	6900 MCCORMICK BLVD. LINCOLNWOOD, IL 60645

REINSTATEMENT (05) 06

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
36-6063787
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST STE 105 TALLAHASSEE, FL 32301	Name: NPAI Services, Inc Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Dr Suite 4 City: Weston FL Zip Code: 33331

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carol Detert Carol G. Detert Asst. Sec. DATE: 10/9/06
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHILLER, CAROLINE G 6900 MCCORMICK BOULEVARD LINCOLNWOOD, IL 60712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200080877002 10/16/06--01045--003 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GROSSINGER, GARY 6900 MCCORMICK BOULEVARD LINCOLNWOOD, IL 60712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MORGENSTERN, STEVEN 6900 MCCORMICK BOULEVARD LINCOLNWOOD, IL 60712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Caroline Grossinger Schiller Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

R. Mitchell OCT 16 2006