
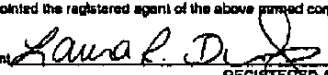



H 05000222642 3

1093

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.4

<b>CORPORATION REINSTATEMENT</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>F92000001007</u>					
1. Corporation Name FIRST DEARBORN CLEARWATER ASSOCIATES, INC					
2. Principal Office Address 500 N. Michigan Ave			3. Mailing Office Address		
Suite, Apt #, etc Suite 1915			Suite, Apt # etc		
City & State Chicago, Illinois			City & State		
Zip 60811	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 38-3684624				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$875 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name PRENTICE-HALL CORPORATION SYSTEM, INC. (CORPORATION SERVICE COMPANY)					
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET					
Suite, Apt. #, Etc SUITE 105					
City TALLAHASSEE			State FL	Zip Code 32301	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.					
Signature of Registered Agent 		Name Laura R. Dunlap		Date SEPTEMBER 19, 2005	
REGISTERED AGENT MUST SIGN AS ITS AGENT					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
Pres.	ROBERT S ROSS	500 N. Michigan Ave., Suite 1915		Chicago, Illinois 60811	
Sec.	BRUCE H. BLOCK	500 N. Michigan Ave., Suite 1915		Chicago, Illinois 60611	
Director	ROBERT S. ROSS	500 N. Michigan Ave., Suite 1915		Chicago, Illinois 60811	
Director	BRUCE H. BLOCK	500 N. Michigan Ave., Suite 1915		Chicago, Illinois 60611	
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 807 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 807.0401 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 118.07(3)(f), 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: 			09/ /05 (312) 464-0100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daying Phone #		

FILED  
05 SEP 19 PM 4:49  
STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT 04-05

CORP/REG/00501

H 05000222642 3

H05000222642 3

203

**FIRST DEARBORN CLEARWATER ASSOCIATES, INC.**  
500 N. Michigan Ave.  
Ste. 1915  
Chicago, IL 60611  
(312) 593-8931

September 14, 2005

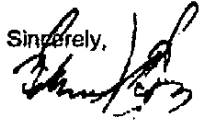
Florida Department of State  
Secretary of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Re: First Dearborn Clearwater Associates, Inc.  
Your Document No. F9200001007

Dear Sir or Madam:

In connection with the reinstatement of the referenced corporation, please be advised that we did not receive the annual report form or any related notices for this corporation in the mail. In light of this, kindly waive the penalties due in connection with the reinstatement. The reinstatement forms are attached and hereby submitted. Thank you.

Sincerely,



Robert S. Ross, President  
/jmi

cc: Keith A. Ross

H05000222642 3

393

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000222642 3)))

TXT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-1000  
Fax Number : (850)558-1575

**CORPORATION REINSTATEMENT**

**FIRST DEARBORN CLEARWATER ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$900.00