PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
• **Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
1997 NOV -7 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000669**

1. Corporation Name
CALUMET BANCORP, INC.

Principal Place of Business	Mailing Address
1350 EAST SIBLEY BLVD. DOLTON IL 60419	~~1350 EAST SIBLEY BLVD.~~ ~~DOLTON IL 60419~~

James Kemp

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.	Kemp Grzelakowski & Lorenzini Suite, Apt. #, etc. 1900 Spring Rd. Suite 500
City & State	City & State Oak Brook, IL
Zip / Country	Zip 60521 / Country U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 01/29/1993

5. FEI Number: 36-3785272 ☐ 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
C	WALCZAK, THADDEUS	1350 EAST SIBLEY BLVD.	DOLTON IL 60419
PD	LEWIS, CAROLE J	1350 EAST SIBLEY BLVD.	DOLTON IL 60419
VPT	GARLANGER, JOHN	1350 EAST SIBLEY BLVD.	DOLTON IL 60419
S	LINKUS, SUSAN M	1350 EAST SIBLEY BLVD.	DOLTON IL 60419
D	URBAN, HENRY J DR.	1350 EAST SIBLEY BLVD.	DOLTON IL 60419
D	~~LULINSKI, SYLVESTER~~ McCann, William	1350 EAST SIBLEY BLVD.	DOLTON IL 60419

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: **REINSTATEMENT**

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

Suite, Apt. #, Etc.:

City: State: **FL** Zip Code:

600003484595--5
-11/12/97--01092--003
****750.00 ****750.00

CR2E040 (8/97)

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.

Signature of Registered Agent: Connie Bryan — CONNIE BRYAN SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 11-7-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. 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: John Garlanger — Sr. V Pres / Treas — 10/29/97 — (708)841-9010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #