

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 MAR 16 PM 12:09

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F94000006556

1. Corporation Name  
 Lensoldavi Corp.

Principal Place of Business	Mailing Address
2 N. LaSalle Street Suite 1725 Chicago, IL 60602	30 N. LaSalle Street Suite 2600 Chicago, IL 60602

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

**REINSTATEMENT**

98-99-80  
 3/16/99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
2 N. LaSalle Street Suite, Apt. #, etc. Suite 1725 Chicago, IL 60602 Cook	30 N. LaSalle Street Suite, Apt. #, etc. Suite 2600 Chicago, IL 60602 Cook

4. Date Incorporated or Qualified To Do Business in Florida 12/22/94  
 5. FEI Number 36-3866375  
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D.P.T.	David A. Sherman	2 N. LaSalle St., Ste. 1725	Chicago, IL 60602
S.D.	Alan H. Gussis	2 N. LaSalle St., Ste. 1725	Chicago, IL 60602

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 -03/23/99 --01024 --006  
 \*\*\*\*300.00 \*\*\*\*300.00

8. Name and Address of Current Registered Agent  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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.  
 Signature of Registered Agent  
 REGISTERED AGENT MUST SIGN

Date 3/11/99

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: [Signature]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/25/99 (312) 425-1600  
 Daytime Phone #

CPA/REG 1-95