

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W 05 000 39685

DOCUMENT # F95000002468

1. Corporation Name

First Portland Corporation

2. Principal Office Address

8700 Waukegan Road
Suite, Apt. #, etc.

100
City & State

Morton Grove, IL

Zip Country
60053 COOK

3. Mailing Office Address

8700 Waukegan Road
Suite, Apt. #, etc.

100
City & State

Morton Grove, IL

Zip Country
60053 COOK

FILED

05 SEP 19 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

003058776590
09/19/05--01027--001 **1058.75

003058776190
09/19/05--01027--001 **1058.75

REINSTATEMENT 03-05

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

930870892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

PETER F. SOUZA
ASSISTANT SECRETARY

Date 9/1/05

REGISTERED AGENT MUST SIGN

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
P	Rudolph D. Trebels	8700 Waukegan Rd. Ste #100	Morton Grove, Illinois 60053
EV	John Estok	8700 Waukegan Rd. Ste #100	Morton Grove, Illinois 60053
SV	Marc. Langs	8700 Waukegan Rd. Ste #100	Morton Grove, Illinois 60053
SV	DAVID Keenan	8700 Waukegan Rd. Ste #100	Morton Grove, Illinois 60053

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 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:

David J. Keenan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-05

Date

847-324-1532

Daytime Phone #

CR2E081 (01/05)