PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9600001218

1. Corporation Name

THE YACHT CLUB AT AVENTURA, INC.

Principal Place of Business

1212 N LASALLE STREET

SUITE 110 CHICAGO IL 60610 Mailing Address

1212 N LASALLE STREET

SUITE 110

CHICAGO IL 60610

FILED

02 MOY 22 PH 12: 37

SECTION OF STATE FLORIDA



If above addresses are incorrect in any way, line through incorrect information and enter correction below.									
New Principal Office Address, If Applicable New				ing Office Ad	dress, If Applicable	Date Incorporated or Qualified To Do Business in Florida 03/08/1996			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Numbe		Applied For	
City & State			City & State	* . ** . *				Not Applicable	
Zip	-	Country	Zip		Country		E 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			3	Street Address of Eac Officer and/or Directo		City / S	State / Zip	
PD	GOULETAS, STEVEN			1028 N. CLARK STR 41			CHICAGO IL 6061 D		
VS	S DIBENEDETTO, ANTHONY R				AKE SHORE DR N. LA SALLR	SE110	CHICAGO IL 6061 D		
τ	T SCHWARK, JAMES			505 N. L	AKE SHORE DR V. LaSALLR		CHICAGO IL 6061€		
							00093719 0201041011	930 **758.75	
	0 10-					-			
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent Name				
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 10. I, being appointed the registered agent of the above names corporation, am familiar						Street Address (P.O. Box Number is Not Acceptable)			
					7-1.	Suite, Apt. #, Etc.			
						City State Zip Code			
10. I, being	appointed the	e registered agent of the abo	ve named corpo	eration, am fa	miliar with and accept the o	bligations of Secti	ion 607.0505, F.S. or 617.05	05, F.S.	

Signature of Registered Agent

ATURE DESIGNATION

Asst V Pres

GISTERED AGENT MUST SIGN

Date 1-18-02

11. 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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

10-18-02 (312)595 4714

Daytime Phone #