

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 07 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001155

1. Corporation Name

NORTHBROOK CORPORATION

Principal Place of Business

900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611

Mailing Address

900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/06/1997

5. FEI Number

36-3109397

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 3	City / State / Zip 4
P	KARL, EDWARD G Bluhm, Neil G.	900 N MICHIGAN AVENUE	CHICAGO IL
VT	KOGEN, HOWARD	900 N MICHIGAN AVENUE	CHICAGO IL
V	RICHARDSON, CHESTER A	900 N MICHIGAN AVENUE	CHICAGO IL
S	O'MAHONEY, KAREN M	900 N MICHIGAN AVENUE	CHICAGO IL 60611
VD	BLUHM, NEIL G	900 N MICHIGAN AVENUE	CHICAGO IL
D	GLAZOV, BURTON E	900 N MICHIGAN AVENUE	CHICAGO IL

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

Street Address (P.O. Box number is Not Acceptable)

Suite, Apt. #, Etc.

City

360003161503-0

-03/08/00--01014--013

****900.00

FL

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

SIGNATURE OF
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 2/25/00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED
Karen M. O'Mahoney, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 27, 1999 (312)915-1969

Date

Daytime Phone #