

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000002695**

1. Corporation Name

CROWN GOLF MANAGEMENT COMPANY

Principal Place of Business

222 N LASALLE STREET. STE 800
CHICAGO IL 60601

Mailing Address

222 N LASALLE STREET. STE 800
CHICAGO IL 60601

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

4. Date Incorporated or Qualified
To Do Business in Florida

05/21/1997

5. FEI Number

36-3926358

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
PD	CROWN, A S	222 N LASALLE STREET	CHICAGO IL
VTD	CROWN, JAMES S	222 N LASALLE STREET	CHICAGO IL
S	TANNENBAUM, FREDRIC D	222 N LASALLE STREET	CHICAGO IL
VD	CROWN, WILLIAM H	222 N LASALLE STREET	CHICAGO IL
VD	GOODMAN, RICHARD C	222 N LASALLE STREET	CHICAGO IL
EVP	FLYNN, SCOTT	3703 W LAKE AVE SUITE 300	GLENVIEW IL 60025

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/21/03

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]

Fredric D. Tannenbaum, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2003

Date

(312) 236-3003

Daytime Phone #

FILED

03 OCT 22 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800024247968
10/29/03--01015--031 **750.00



REINSTATEMENT

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CR2E040 (7/03)