

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # F97000004687

1. Corporation Name

TAD MEMBERSHIP CORP

FILED

02 MAR 25 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

701 Lee St. Ste #1000 Des Plaines, IL 60016

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/97

5. FEI Number

36-4102703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

CT Corporation System

100005254881-4

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

1200 South Pine Island Road

-04711702--01071--011

***1208.75 ***1208.75

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

James M. Halpin

James M. Halpin

Assistant Secretary

Date 3/10/02

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
CFO	Kurt M. Mueller	701 Lee St. Ste 1000	Des Plaines, IL 60016
VP	Lawrence Lopater	18 Whitewood	North Hills, NY 11576
S&T	Blane P. Evans	701 Lee St. Ste #1000	Des Plaines, IL 60016
AS	Judith A. Bory	65-50 Admiral Ave	Middle Village, NY 11379
REINSTATEMENT			99-02178

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:

Blane P. Evans

Blane P Evans

03-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #