F98000000926

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 JAN 31 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/31/07--01051--010 **1800.00

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DOCUMENT # F98000000926

1. Corporation Name
Comms People, Inc. 2000-07

CR2E081 (1/07)

2. Principal Office Address - No P O Box #	3. Mailing Office Address
30 S. Wacker Dr.	30 S. Wacker Dr.
Suite, Apt #, etc 2800	Suite, Apt #, etc 2800
City & State Chicago, IL	City & State Chicago, IL
Zip / Country 60606 / USA	Zip / Country 60606 / USA

4. Date Incorporated or Qualified To Do Business In Florida 02/17/1998

5. FEI Number 58-2075551 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee, State: FL, Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Maureen Culbert Asst V.P. Date: 1/30/07
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
CEO	Andrew Baker	30 S. Wacker Dr. Suite 2800	Chicago, IL 60606
President	Gregory Lynch	30 S. Wacker Dr. Suite 2800	Chicago, IL 60606
CFO	Michele Casey	30 S. Wacker Dr. Suite 2800	Chicago, IL 60606

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 contained in Chapter 119, 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: Michele Casey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AJR 2/5/07