

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

w/c

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 22 PM 4:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000004076**

1. Corporation Name
ASH (ILLINOIS) CORP.

Principal Place of Business 500 W. MADISON ST., STE 2980 CHICAGO IL 60661	Mailing Address 500 W. MADISON ST., STE 2980 CHICAGO IL 60661
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/17/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 36-4239187 APPLIED FOR	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
VS	ELOWE, JEFFREY S	500 W. MADISON ST., STE 2980	CHICAGO IL 60661
PT	KORZEN, BRADFORD	500 W. MADISON ST., STE 2980	CHICAGO IL 60661
ASD	BERGER, STEPHEN L	20 NORTH LASALLE STREET, STE 210	CHICAGO IL
VD	BURJEK, EDWARD F	500 W. MADISON ST., STE 2980	CHICAGO IL
REINSTATEMENT 99 300003063693--7 -12/07/99--01039--026 \$0.00 ***750.00			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of Registered Agent: *[Signature]* **REQUIRED** Date: **10/26/99**
 REGISTERED AGENT MUST SIGN

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]* **REQUIRED** Date: **10/27/99** Daytime Phone #: **(312) 669-1200**
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFC2500 (9/97)