PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

THE BOD				FILED			
REINSTATEMENT Secretar			TMENT OF STATE y of State corporations	06 NOV 14 Fii 2: 09			
DOCUMENT # F98000006935 1. Corporation Name					ı	. 18	
FEDE	RATED INDUSTRIES, INC.						
2. Principal Office Address 3. Mailing O 750 N. RUSH ST. 750 N. RUSH ST.			office Address USH ST.		EINSTATE CR2E081 (12/05)	MEN	
Suite, Apt. #, etc. Suite, Apt. #, STE, 603 STE, 603					orated or Qualified ness in Florida 12/21/1998	0,6	
City & State CHICAGO, IL CHICAG			O, IL		5. FEI Number		
Zip 60611	Country USA	Zip 60611	Country USA	6. CERTIFICATE		dditional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent							
	THE PRENTICE HALL CORPORATION SYSTEM, INC.						
	Street Address (P. Q. Box Number is Not Acceptable)				800081871818 11/16/0601069003 **75).00		
	¬ '' ' ' Etc.				5/UbU1063003	**(3).00	
	TÄLLAHASSEE				FL Zip Code 32301		
8. 1, 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 by Marganet U. P.L., (USF. Victory) REGISTERED AGENT MUST SIGN Date 1/-1306,							
9. Names	s and Street Addresses of Each Officer an	d/or Director (Florida nonpr	ofit corporations must list at 4	east 3 directors)			
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Z	(ip	
P, D	JAMES L. EDELSTEIN	750 N.	750 N. RUSH ST., STE. 603		CHICAGO, IL 60611		
v, s	ANITA R. GUSTIS	750 N.	750 N. RUSH ST., STE. 603		CHICAGO, IL 60611		
D	MARSHALL E. EISENBERG	2 N. L.	2 N. LASALLE ST., STE. 2200		CHICAGO, IL 60602		
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.							
Anita R. Gustis, Secretary //9/0/ 312.664.3355							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							