

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 24 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001048

1. Corporation Name

Treasures General Partner, Inc.

2. Principal Office Address

1200 N. Ashland Avenue

3. Mailing Office Address

1200 N. Ashland Avenue

Suite, Apt. #, etc.

Suite 522

Suite, Apt. #, etc.

Suite 522

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60622

Country

USA

Zip

60622

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/24/1999

5. FEI Number

75-2804927

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

CT Corporation System

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

1200 Pine Island Road

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 the provisions of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Barbara A Burke*

**BARBARA A BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Date

6/21/04

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
PD	David L. Husman	1200 N. Ashland, Suite 522	Chicago, IL 60622
SD	Michael W. Husman	1200 N. Ashland, Suite 522	Chicago, IL 60622
D	Mark A. Ferrucci	212 Mangum Drive	Bear, DE 19701
AS	Thomas F. Brett, II	3500 Three First National Plaza	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 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:

*Michael W. Husman*

Michael Husman, Secretary

Date

5/24/04

Daytime Phone #

773.489.7600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2081 (01/04)