


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F99000005720

1. Corporation Name

UNITED NIGHTLIFE NETWORK, INC.

Principal Place of Business

Mailing Address

640 NORTH LASALLE, SUITE 350
CHICAGO IL 60610

640 NORTH LASALLE, SUITE 350
CHICAGO IL 60610

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1999

5. FEI Number

36-4229823

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PST	BERG, STEVEN	1133 NORTH DEARBORN, #1604	CHICAGO IL 60610
VD	BLATTER, MICHAEL	1847 WEST OHIO, #3	CHICAGO IL 60622
DCEO	BERG, KEVIN	3432 NORTH JANSSEN	CHICAGO IL 60657
			400003441724-2 -10/27/00-01020-003 *****758.75 *****758.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KUFFELL, MELANIE

102 NORTH ROME AVE. 4601 W. Kennedy Blvd.
TAMPA FL 33606 Suite 302
33609

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent


REGISTERED AGENT MUST SIGN

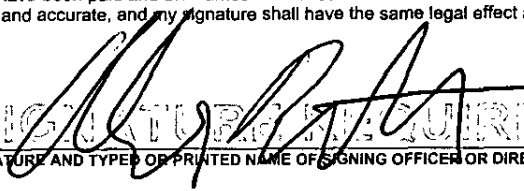
Date

10/13/00

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: X

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


Michael Blatter

Date

10-12-00

Daytime Phone #

312-660-
5232