


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV 19 PM 3:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>369461</u>					
1. Corporation Name XMGH CO. OF FLORIDA, INC.					
2. Principal Office Address 1800 W. 43RD ST. Suite, Apt. #, etc.		3. Mailing Office Address 1800 W. 4RD ST. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 4/28/1987	
City & State CHICAGO IL		City & State CHICAGO IL		5. FEI Number 59-2797245	
Zip 60609-3111	Country U.S.	Zip 60609-3111	Country U.S.	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 SOUTH PINE ISLAND RD.					
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 and accept the obligations of section 607.0505 or 617.0503, F.S.					
Signature of Registered Agent		Christine M. Eastwine REGISTERED AGENT MUST SIGN		Date 11/16/01	
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	
P	RANDY SCHWOEBLE	1800 W. 43RD ST.		CHICAGO IL 60609-3111	
EXVP	THOMAS WILLIAMS	1800 W. 43RD ST.		CHICAGO IL 60609-3111	
VP	CHUCK GENOAR	1800 W. 43RD ST.		CHICAGO IL 60609-3111	
VP F	D.J. KEISER	1800 W. 43RD ST.		CHICAGO IL 60609-3111	
S&D	GAIL A. PARRIS	1999 HARRISON ST., STE. 550		OAKLAND CA 94612	
D	CHRIS R. REDLICH, JR. and DOUGLAS A. TILDEN	1999 HARRISON ST., STE. 550		OAKLAND CA 94612	
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: <u>DJ KEISER</u>		VP FINANCE		NOV 19 2001 11/14/01 (773) 927-7111	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

CR2001 (9/00)