PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 21 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

DOCUMENT # L00000014976

1. Limited Liability Company's Name
Lincoln Park Leasing, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1810 N.W. 51st Place	PO Box 14434
Suite, Apt. #, etc. Suite 41B	Suite, Apt. #, etc.
City & State Fort Lauderdale FL	City & State CHICAGO IL
Zip 33309 Country USA	Zip 60614 Country USA

4. State/Country of Formation FLORIDA USA
5. Date Organized or Qualified To Do Business in Florida 12/05/2000
6. FEI Number 472 [illegible] 1141 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Required for Certificate of Status

8. Name and Address of Current Registered Agent

Name: NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 2731 Executive Park Dr. Ste. 4
Suite, Apt. #, Etc: Suite 4
City: Weston State: FL Zip Code: 33331

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Date: 5/07/08
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JOHN A. BROWN	74 Fiesta Way	Fort Lauderdale, FL 33301
			800130169468
			05/23/08--01009--002 **518.75
		REINSTATEMENT	05-08

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. This information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [signature] Date: 5/21/08 Daytime Phone # 773 251 7331

Typed or printed name of signing Managing Member/Manager: JOHN A. BROWN