

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L00000014976

FILED

03 DEC -2 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014976

Name and Mailing Address

0016562 01 MB 0.309 **AUTO T1 0 0615 60614-043434



LINCOLN PARK LEASING, LLC
P.O. BOX 14434
CHICAGO IL 60614-0434



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/05/2000	
Principal Place of Business 1810 N.W. 51ST PLACE, STE. 41B FORT LAUDERDALE FL 33309	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 47-2461141	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E034 (7/03)

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400025168924 12/02/03--01064--007 **150.00 City FL Zip Code
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10. 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 Georgia D. Byron Date 11-12-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BROWN, JOHN A	74 FIESTA WAY	FORT LAUDERDALE FL 33301

REINSTATEMENT

12. 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. 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 of Managing Member/Manager John A. Brown Date 11/5/03 Daytime Phone # (773) 281-3331

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