

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glena E. Felt
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L00000015734
Name and Mailing Address

03 DEC -2 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



CR2E084 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1810 N.W. 51ST PACE, STE. 41B FORT LAUDERDALE FL 33309		5. Date Organized or Qualified To Do Business in Florida 12/19/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 47-2461141	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 600025169246 12/02/03--01064--015 **150.00 City FL Zip Code	

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 George Brown **SIGNATURE REQUIRED** 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 2003
12/10/03

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 **SIGNATURE REQUIRED** Date 11/5/03 Daytime Phone # (773) 281-3331
Typed or printed name of signing Managing Member/Manager JOHN A. BROWN