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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000000122

Name and Mailing Address

0016476 01 MB 0.309 **AUTO TO 0 0615 60076-345499



SOUTHLAKE UTILITIES HOLDING, L.L.C.
3856 OAKTON ST.
SKOKIE IL 60076-3454

MJM



10/28 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/03/2001	
Principal Place of Business 3856 OAKTON ST. SKOKIE IL 60076-3456	3. New Principal Place of Business Address	6. FEI Number 01-0618863	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent DEAS, WILLIAM J ESQ. 2215 RIVER BLVD. JACKSONVILLE FL 32204		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 100024186051	
		10/28/03--01010--002 **150.00	
		City	Zip Code
		FL	

CR2E034 (7/03)

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/27/03

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	CAGAN CROSSINGS, LTD.	3856 OAKTON ST.	SKOKIE IL 80076-3456

REINSTATEMENT 2003

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. 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 REQUIRED

Date 10/21/03

Daytime Phone # 847-679-5512

Typed or printed name of signing Managing Member/Manager