PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

13 SEP 13 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name
L01000001276
MOUNT BIERSTADT, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
One Court Place	One Court Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 301	Suite 301
City & State	City & State
Rockford, IL	Rockford, IL
Zip / Country	Zip / Country
61103 / USA	61101 / USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida 01/23/2001

6. FEI Number
912104111
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ ($5.00 Additional Fee Required)

8. Name and Address of Current Registered Agent

Name
Treiser & Collins, PL

Street Address (P.O. Box Number is Not Acceptable)
3080 Tamiami Trail, East

Suite, Apt. #, Etc.

City: Naples | State: FL | Zip Code: 34112

E-mail Address:
800250377248
08/01/13--01018--008 **685.00
brian@blarkinlaw.com
(To be used for future annual report notices)

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 _____ Date 8-26-2013
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	Brian K. Larkin	One Court Place, Suite 301	Rockford, IL 61101
			SEP 13 2013
			S. PRATHER

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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Brian K. Larkin Date 7-19-13 Daytime Phone # 815-964-4601

Typed or printed name of signing Managing Member/Manager Brian K. Larkin, Manager