PLIASE READ LIMITED EXBILITY COMPANY REINSTATEMENT	LU III ST RI CT II NS REFO  LORIDA DEPARTIMENT OF ST  Jim Smith  Secretary of State  DIVISION OF CORPORATIONS	FILED 2003 JAN -7 PM 1: 36
DOCUMENT # 6.01 000 1. Limited Liability Company's Name  9/95 SURPS/DE	HEMBERS, LIC	ALLAHASSEE, FLORIDA
2. Principal Office Address  ALASAUE  Suite Apt. #, etc.  City & State  CHICAGO / L  Zip  Country  Country  Country  Country  Street Address (P.O. Box Number is N  Suite, Apt. #, Etc.  City  PLANTATION  CALCULATION  CITY  CITY  CITY  CITY  CITY  CALCULATION  CITY	3. Mailing Office Address    2/2   N	ROAD State ZimCode
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 James M. Halpin  Registered Agent Date 1/6/03		
10. Names and Street Addresses of Managing Members/Managers  Titles Name of Managing Members/Managers Street Address of Each Managing Members/Manager City / State / Zip  MGLM HOWE BY INVSCO, INC   2/2 N. LaSaue, I/O CHICAGO, IL GOGIO  M 9/95 SURFSIDE CONSWITWER, INC 12/2 N. LaSaue, I/O CHICAGO, IL GOGIO		
	REIN	STATEMENT 2002
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 signature of Managing Member/Manager Anager Anager Anager Anager R.D. Bankdetto, Secretary of Manager Trophy R.D. Bankdetto, Secretary of Manager Anager R.D. Bankdetto, Secretary of Manager Anager R.D. Bankdetto, Secretary of Manager Manager R.D. Bankdetto, Secretary of Manager Manager R.D. Bankdetto, Secretary of R.		

## **CT** CORPORATION SYSTEM

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2003 JAN -7 PM 1:36

DIVIJION OF CORPORATIONS TALLAHASSEE, FLORIDA

January 7, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5757837 SO

Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

9195 Surfside Members, LLC (FL) Reinstatement

9195 Surfside Members, LLC (FL)

Certificate of Status-Domestic\_\_

Florida

Enclosed prease find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## CT CORPORATION SYSTEM

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DIVILION OF CORPORATIONS TALLAHASSEE, FLORIDA

Sincerely,

Ashley A Mitchell
Fulfillment Specialist
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615