

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

04 APR -5 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000003821

Name and Mailing Address

0016504 01 MB 0.309 \*\*AUTO TO O 0615 60564-974670



11514 ANDY ROSSE LANE, L.L.C.  
1570 WINBERIE COURT NORTH  
NAPERVILLE IL 60564-9746

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2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/18/2002	
Principal Place of Business 1570 WINBERIE COURT NORTH NAPERVILLE IL 60564	3. New Principal Place of Business Address City, State, Zip	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	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 CAPITAL CONNECTION, INC. 417 E. VIRGINIA STREET, SUITE 1 TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Applicable) 100032517161 04/13/04--01025--013--**200.00 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 <u>Deilani</u> <b>SIGNATURE REQUIRED</b> Date <u>4/5/04</u> 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	BUCK, STUART D	1570 WINBERIE COURT NORTH	NAPERVILLE IL 60564
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 <u>SIGDA</u> <b>SIGNATURE REQUIRED</b>		Date <u>4/1/04</u>	Daytime Phone # <u>630-978-1938</u>
Typed or printed name of signing Managing Member/Manager			

CR2E034 (7/03)

REINSTATEMENT 2003-2004

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