L02000009624

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 14 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000009624

1. Limited Liability Company's Name
Royal Tallahassee, LLC

2. Principal Office Address	3. Mailing Office Address
~~250 Plaza Drive~~ SAME	1605 South State Street
Suite, Apt. #, etc. ~~Suite D~~ SAME	Suite, Apt. #, etc. Suite 112
City & State ~~Oviedo, FL~~ SAME	City & State Champaign, IL
Zip ~~32765~~ Country USA	Zip 61820 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: April 23, 2002

6. FEI Number: 75-3053904 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Corporation Company of Orlando

000041978770
10/13/04 01028-004 **258.75

Street Address (P.O. Box Number is Not Acceptable): 300 South Orange Avenue

Suite, Apt. #, Etc.: Suite 1000 (MJG)

City: Orlando State: FL Zip Code: 32801

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: J. Humphries, V.P. Date: 10/14/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	Roderick L. Schmidt	1605 South State Street, Suite 112	Champaign, IL 61820
MGRM	Michael J. Henneman	1605 South State Street, Suite 112	Champaign, IL 61820
MGRM	David F. Keeling	1605 South State Street, Suite 112	Champaign, IL 61820
MGRM	Keeling Family Irrevocable Trust u/t/a	1605 South State Street, Suite 112	Champaign, IL 61820
	dtd 12/31/92, David F. Keeling, Trustee	REINSTATEMENT	2003-2004

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 608.408, 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: David F. Keeling MEMBER Date: 10/8/04 Daytime Phone #: 217-356-8888

Typed or printed name of signing Managing Member/Manager: DAVID F. KEELING, MEMBER