

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 NOV -3 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000010524

Name and Mailing Address

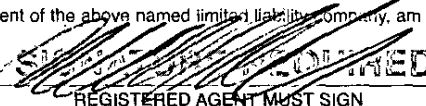
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535 FOREST WAY, L.L.C.  
501 NORTH CLINTON STREET  
#2903  
CHICAGO IL 60610-6598

US



2. New Mailing Address <b>501 N. CLINTON ST., #2002</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>CHICAGO IL 60610</b>		5. Date Organized or Qualified To Do Business in Florida <b>05/02/2002</b>	
Principal Place of Business <b>501 NORTH CLINTON STREET #2903 CHICAGO IL 60610 US</b>	3. New Principal Place of Business Address <b>501 N. CLINTON, #2002</b>		6. FEI Number  Applied For Not Applicable
City, State, Zip <b>CHICAGO, IL 60610</b>		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  <b>DOOLEY, WILLIAM A ESQ. 1432 FIRST STREET SARASOTA FL 34236</b>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  Date <b>10/31/03</b> 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	MAKI, DAVID R	510 NORTH CLINTON STREET, #2903 2002	CHICAGO IL 60610
MGRM	RYS-MAKI, TERESA M	501 NORTH CLINTON STREET, #2903 2002	CHICAGO IL 60610
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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



Date

**10/23/03**

Daytime Phone #

**312.904.8093**

Typed or printed name of signing Managing Member/Manager

**DAVID R. MAKI**

CR2E034 (7/03)