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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
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LIMITED LIABILITY REINSTATEMENT

CARLISLE 806, LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000029996

1. Limited Liability Company's Name

CARLISLE 806, LLC

2. Principal Office Address	3. Mailing Office Address
450 Sheridan Road	450 Sheridan Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Glencoe, IL	City & State: Glencoe, IL
Zip: 60022 Country: USA	Zip: 60022 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 11/08/2002

6. FEI Number: Applied For ☐ Not Applicable ☒

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee State: FL Zip Code: 32301

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: Deborah D Skipper Deborah D. Skipper Asst. V. Pres. Date: 10/25/04

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
MGRM	John E. Caddan	450 Sheridan Road	Glencoe, IL 60022
MGRM	Steven J. Rolfs	W328 N745 Westmound Drive	Waukesha, WI 53186

11. I certify that I am managing member/manager or the [illegible] required to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for [illegible] 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 [illegible] 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: [signature] Date: 10/14/04 Daytime Phone #: 312-890-3558

Typed or printed name of signing Managing Member/Manager: John Caddan