L0300000893

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 30 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L0300000893

1. Limited Liability Company's Name
Universal Enterprises Florida, LLC

04

2. Principal Office Address		3. Mailing Office Address	
933 Clint Moore Road		P.O. Box 5349	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Boca Raton, Florida		City & State: Buffalo Grove, IL	
Zip: 33487	Country: USA	Zip: 60089	Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 1/9/2003

6. FEI Number: 42-1568878 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for Certified Copy

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 (REGISTERED AGENT MUST SIGN)
Deborah D. Skipper
Asst. V. Pres.
Date: 12/30/04

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MISU FLORIDA, LLC	933 Clint Moore Road	Boca Raton, FL 33487
MBR	GTA GROUP, LLC	111 W. Jackson Blvd., 20th Floor	Chicago, IL 60604
	REINSTATEMENT 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: _____ Date: _____ Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: Mitchell E. Rubin, Manager of MISU Florida, LLC, Its Manager

CSC

CORPORATION SERVICE COMPANY

L03000000893

ACCOUNT NO. : 072100000032

REFERENCE : 110905 4809160

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : December 28, 2004

ORDER TIME : 3:15 PM

ORDER NO. : 110905-120

CUSTOMER NO: 4809160

CUSTOMER: Ms. Caroline Lewis
Robbins, Salomon & Patt
Suite 1000
25 East Washington Street
Chicago, IL 60602

RECEIVED
04 DEC 30 PM 4:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: UNIVERSAL ENTERPRISES
FLORIDA, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

FILED
04 DEC 30 AM 9:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____