PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 DEC 30 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000001000

1. Limited Liability Company's Name
MISU Florida, LLC

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: 412-1568874 ☐ 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 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 Date: 12/30/04
REGISTERED AGENT MUST SIGN Asst. V. Pres.

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
MGR	Mitchell E. Rubin	1650 Lake Cook Road	Deerfield, IL 60015

500043768215

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

CSC

CORPORATION SERVICE COMPANY

L03000001000

ACCOUNT NO. : 072100000032

REFERENCE : 110905 4809160

AUTHORIZATION Patricia Pizzuto

COST LIMIT : $ 150.00

ORDER DATE : December 28, 2004

ORDER TIME : 3:14 PM

ORDER NO. : 110905-115

CUSTOMER NO: 4809160

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

FILED
04 DEC 30 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

RECEIVED
04 DEC 30 PM 4:17
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: MISU FLORIDA, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS _____