


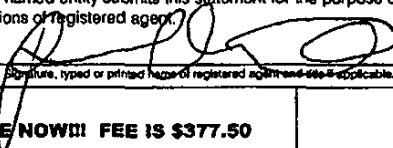
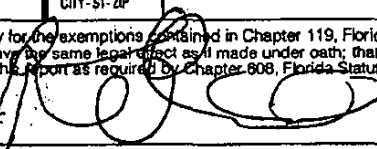
2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

FEB 25 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008048700842

DOCUMENT # L05000011879					
1. Entity Name LORENSTEIN MANAGEMENT LLC					
Principal Place of Business 7354 SARIMENTO PLACE DELRAY BEACH, FL 33446		Mailing Address 7354 SARIMENTO PLACE DELRAY BEACH, FL 33446			
2. Principal Place of Business - No P.O. Box # 830 Fairway Drive		3. Mailing Address 830 Fairway Drive			
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201			
City & State Bensenville, IL		City & State Bensenville, IL			
Zip 60106	Country USA	Zip 60106	Country USA	4. FEI Number 20-2118364	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent ORENSTEIN, LOUIS L 7354 SARIMENTO PLACE DELRAY BEACH, FL 33446				7. Name and Address of New Registered Agent Name Richard Orenstein Street Address (P.O. Box Number is Not Acceptable) 7354 Sarimento Place City Delray Beach FL Zip Code 33446	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 				DATE 2/14/08	
FILE NOW!!! FEE IS \$377.50				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORENSTEIN, LOUIS L 7354 SARIMENTO PLACE DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Richard Orenstein 830 Fairway Drive, Suite 201 Bensenville, IL 60106	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: Richard Orenstein, Manager 				DATE 2/14/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

REINSTATEMENT 2007-2008



CORPORATION SERVICE CO

L05000011879

ACCOUNT NO. : 072100000032
REFERENCE : 451593 4323958
AUTHORIZATION :
COST LIMIT : \$ 377.50

Handwritten signature

ORDER DATE : February 19, 2008
ORDER TIME : 5:53 PM
ORDER NO. : 451593-005
CUSTOMER NO: 4323958

BK

FILED
08 FEB 25 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: LORENSTEIN MANAGEMENT LLC

RECEIVED
08 FEB 25 AM 8:46
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Kathy Drake - Ext# 2959

EXAMINER'S INITIALS _____