

L06000053489

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 13 PM 2:47

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000053489

1. Limited Liability Company's Name

Meritas MX, LLC

BK

69

400207650594

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

1101 Skokie Bl

Suite, Apt. #, etc.

Suite 200

City & State

Northbrook, IL

Zip

60062

Country

USA

3. Mailing Office Address

1101 Skokie Bl

Suite, Apt. #, etc.

Suite 200

City & State

Northbrook, IL

Zip

60062

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida: 5-3-06

6. FEI Number

20-5064785

☐ 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

Cynthia M. Straub
REGISTERED AGENT MUST SIGN

Date 05/12/11

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
Secreta	Mary Jane Miller	1101 Skokie Bl, Suite 200	Northbrook, IL 60062

REINSTATEMENT 2009-2011

11. E-mail Address:

(To be used for future annual report notifications)

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

5/12/11

Daytime Phone #

847-239-5822

Typed or printed name of signing Managing Member/Manager Mary Jane Miller, Secretary



CORPORATION SERVICE COMPANY

L06000053489

ACCOUNT NO. : I20000000195

REFERENCE : 776846 7704766

AUTHORIZATION :

COST LIMIT : \$ 516.25

ORDER DATE : May 12, 2011

ORDER TIME : 8:37 AM

ORDER NO. : 776846-005

CUSTOMER NO: 7704766

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 13 PM 2:47

DOMESTIC FILINGS

NAME: MERITAS MX, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Cindy Straub - Ext# 3751

EXAMINER'S INITIALS

BK

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 MAY 13 AM 10:49
NOT ENTERED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING