

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

L39924

1. Corporation Name

SDK OF NAPLES, INC.

2. Principal Office Address

33 West Monroe Street

3. Mailing Office Address

225 West Wacker Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2800

City & State

Chicago, IL

City & State

Chicago, IL

Zip

60603

Country

USA

Zip

60606

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/89

5. FEI Number

65-0220926

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Anne EDiamond, Asst Secretary
REGISTERED AGENT MUST SIGN

Date 8-8-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	LEES, MARSHAL	33 W. MONROE STREET	CHICAGO, IL 60603
V/S/T	ROHNER, RANDALL	33 W. MONROE STREET	CHICAGO, IL 60603
V	ROGALLA, WILLIAM	33 W. MONROE STREET	CHICAGO, IL 60603
			SP

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-01

Date

312-558-9100

Daytime Phone #