

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

02 MAR 15 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006242

1. Limited Liability Company's Name
MDK DEVELOPMENT, LLC

2. Principal Office Address 507 N. Evergreen		3. Mailing Office Address 507 N. Evergreen	
Suite, Apt. #, etc.		Suite, Apt.# etc.	
City & State Arlington Heights, Illinois		City & State Arlington Heights, Illinois	
Zip 60004	Country Cook	Zip 60004	Country Cook

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida September 30, 1999	
6. FEI Number 36-4319707	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name STAN JANZEN		
Street Address (P.O. Box Number is Not Acceptable) 6 Beagles Rest		
Suite, Apt. #, Etc.		
City Ormond Beach	State FL	Zip Code 32174

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***250.00 ***250.00

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 Stan Janzen Date 3-1-02
Stan Janzen REGISTERED AGENT MUST SIGN

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	Mark R. Koprowski	507 N. Evergreen	Arlington Heights, IL 60004

REINSTATEMENT

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 608.406, 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 it made under oath.

Signature of Managing Member/Manager Mark R. Koprowski Date 3/08/02 Daytime Phone # (847) 910-1009

Typed or printed name of signing Managing Member/Manager Mark R. Koprowski