

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED

97 NOV 12 PM 3:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L99474

1. Corporation Name
FLORIDA RSA #10, INC.

Principal Place of Business
**4325 LAFAYETTE STREET
 MARIANNA FL 32446**

Mailing Address
**8410 W. BRYN MAWR
 STE. 700
 CHICAGO IL 60631
 US**



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 09/10/1990	
				5. FEI Number 16-1391167 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	NELSON, H. D	8410 W. BRYN MAWR, #700	CHICAGO IL
AS	KROHSE, MARK A	8410 W. BRYN MAWR, #700	CHICAGO IL
AT	ZANDER, JAMES J	8410 W. BRYN MAWR, #700	CHICAGO IL
AS	TRESTON, SHERRY S	1 FIRST NATIONAL PLAZA	CHICAGO IL
V	JENKINS, RANDY H	8410 W. BRYN MAWR, #700	CHICAGO IL
V	MEYERS, KENNETH R.	8410 W. BRYN MAWR, #700	CHICAGO, IL
S	FITZELL, STEPHEN P	1 FIRST NATIONAL PLAZA	CHICAGO IL

10/1/97

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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10. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Bernadette M. Fahy*
 By: **Bernadette M. Fahy, Assistant Vice President**
 Date: **October 30, 1997**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: *Mark A. Krohse* *Asst. Secretary* *10/29/97* *(773)399-8900*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (8/97)