

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M00000001105

FILED
03 JUN 23 PM 3:30
03 JUN 23 PM 3:30
TALLAHASSEE, FLORIDA

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06/27/03--01039--001 **255.00

DOCUMENT # M00000001105

1. Limited Liability Company's Name

A. L. Dougherty Real Estate Management Company, LLC

Handwritten signature

2. Principal Office Address

2 East Main Street

Suite, Apt. #, etc.

Suite 200J

City & State

Danville, IL

Zip

61832

Country

USA

3. Mailing Office Address

2 East Main Street

Suite, Apt. #, etc.

Suite 200J

City & State

Danville, IL

Zip

61832

Country

USA

4. State/Country of Formation

Indiana

5. Date Organized or Qualified
To Do Business in Florida

06/07/2000

6. FEI Number

37-1410144

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

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

Handwritten initials

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

Handwritten signature: Connie Bryer

Date 6/23/03

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	Phyllis K. Dougherty	2 East Main Street Suite 200J	Danville, IL 61832
		<i>Handwritten: MK</i>	

REINSTATEMENT 2001-2003

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 if made under oath.

Signature of
Managing Member/Manager

Handwritten signature: Phyllis K. Dougherty

Date 6/9/03

Daytime Phone# (217) 443-3151

Typed or printed name of signing Managing Member/Manager

Phyllis K. Dougherty, MGR