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182

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03 NOV -7 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2003

DOCUMENT # M01000000353

1. Limited Liability Company's Name
BANG & OLUFSEN RETAIL, LLC

2. Principal Office Address	3. Mailing Office Address
780 WEST DUNDEE ROAD	780 WEST DUNDEE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ARLINGTON HEIGHTS, IL	City & State: ARLINGTON HEIGHTS, IL
Zip: 60004 Country: COOK	Zip: 60004 Country: COOK

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 02/15/2001

6. FEI Number: 36-4409448 ☐ 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

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: Connie Bryan
REGISTERED AGENT MUST SIGN

Date: NOV. 7, 2003

CR2E041 (9/01)

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	KIM GRAVESEN, PRESIDENT,MGR.	780 WEST DUNDEE ROAD	ARLINGTON HEIGHTS, IL 60004
MGR	CINDY COOKE, TREASURER, MGR.	780 WEST DUNDEE ROAD	ARLINGTON HEIGHTS, IL 60004
MGR	JAY A. LIPE, SECRETARY, MGR.	10 SOUTH WACKER DR., #2300	CHICAGO, IL 60606

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: Jay A. Lipe Date: 11/7/03 Daytime Phone#: 312.627.2130

Typed or printed name of signing Managing Member/Manager: JAY A. LIPE, SECRETARY, MGR.

FL110 - 11/13/02 CT System Online

2002

Florida Department of State

Division of Corporations

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Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

LIMITED LIABILITY REINSTATEMENT

BANG & OLUFSEN RETAIL, LLC

Certificate of Status	0
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