2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Sep 28, 2007
Secretary of State

DOCUMENT# M01000001026

Entity Name: MIH, LLC

Current Principal Place of Business:

813 S. CHESTNUT AVENUE
ARLINGTON HEIGHTS, IL 60015

New Principal Place of Business:

Current Mailing Address:

813 S. CHESTNUT AVENUE
ARLINGTON HEIGHTS, IL 60015

New Mailing Address:

FEI Number: 36-4432565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KEREKES, DOROTHY A
165 ARLINGTON ROAD
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

REGGIE, FLEURIMA
2910 POST STREET
JACKSONVILLE, FL 32211 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: REGGIE FLEURIMA 09/28/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BURNETT, CHESTER D MR.
Address: 813 S. CHESTNUT AVE
City-St-Zip: ARLINGTON HEIGHTS, IL 60005 US

Title: MGR ( ) Delete
Name: MOSLEY, EMMETT MR.
Address: 813 S. CHESTNUT AVE
City-St-Zip: ARLINGTON HEIGHTS, IL 60005 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: EMMETT MOSLEY MGM 09/28/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date