

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 29 AM 9:53

1. DOCUMENT # M02000001174

Name and Mailing Address

0016516 01 MB 0.309 \*\*AUTO TO 0 0615 60602-258475



OPA HHM, LLC  
30 NORTH LASALLE STREET  
SUITE, SUITE 4300  
CHICAGO IL 60602-2584



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified  
To Do Business in Florida

05/08/2002

Principal Place of Business

30 NORTH LASALLE STREET  
SUITE, SUITE 4300  
CHICAGO IL 60602

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

30-0058539

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

700024391267  
11/03/03-01096-017 \*\*150.00  
FL

10. 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

*James M. Halpin*  
James M. Halpin  
Assistant Secretary  
REGISTERED AGENT MUST SIGN

Date 12/23/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing member/Manager	City / State / Zip
MGR	WILLIAMS, PAUL D	30 NORTH LASALLE STREET	CHICAGO IL 60602

REINSTATEMENT

12. 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 (p.d.v.)

*Paul Williams*

Date 11/1/03

Daytime Phone # 312-705-2000

Typed or printed name of signing Managing Member/Manager

# HDDP

Hochman Dolgin Delott & Prohov, P.C.

October 29, 2003

Florida Secretary of State  
Division of Corporation  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: OPA, HHM, LLC

To Whom It May Concern:

Enclosed please find an Application for Reinstatement of qualification of the above-captioned limited liability company in Florida and a check in the amount of \$150.00 to cover the reinstatement fees. Please reinstate this entity and return an acknowledgment to my attention confirming that the entity is returned to good standing.

Thank you for your courtesy in this matter.

Very truly yours,



Faye McDonald  
Corporate Paralegal

FM/  
Encls.

Law Offices

30 North LaSalle Street, Suite 4300, Chicago IL 60602  
Telephone: 312-705-2000 • Facsimile: 312-705-2001